

U.S. Department
of Transportation

United States
Coast Guard



Commandant
United States Coast Guard

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COMDTINST 1670.2B
MAY 28 1997

COMMANDANT INSTRUCTION 16790.2B

Subj: AUXILIARY FORMS AND INSTRUCTIONS

1. PURPOSE. This publication is intended for the use of Auxiliary Members to supply examples of Auxiliary Forms, their purpose and correct procedures for completion and submission.
2. ACTION. Area and district commanders, commanders of maintenance and logistics commands, and commanding officers of Headquarters units and assistant commandants for directorates shall ensure units under their command which oversee or direct auxiliary operations adhere to this publications provisions.
3. DIRECTIVES AFFECTED. The Auxiliary Member Forms Guide, COMDTINST M16790.2A is canceled.
4. DISCUSSION. The Auxiliary Member Forms Guide is a substantial revision of earlier forms and addition of new forms.
5. SUMMARY OF CHANGES. A summary of major changes to Auxiliary forms are listed below:
 - a. Some multiple-part Auxiliary forms have been eliminated due to cost considerations, streamline records management.
 - b. A substantial number of Auxiliary forms have been combined to simplify preparation time, reduce errors in submission and streamline records management.
 - c. New ANSC numbering system is added to each form. This is designed to provide ease of transition to a future bar code system. Bar codes will provide better inventory control of printed forms thereby reducing future stock level requirements.

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- d. Revised Forms Guide provides all Auxiliarists with copies that can be easily duplicated. This Guide will reduce inventory levels at national and local Auxiliary offices and the related costs of printing and maintaining forms at the Auxiliary National Supply Center.
 - e. All active duty commands will be provided a complete copy of Auxiliary forms. This will assist commands working with Auxiliarists through a better understanding of Auxiliary record management processes.
6. FORMS AVAILABILITY. CG-1650 Coast Guard Award Recommendation, CG-5093 Manufacturer ID Code(MIC) & Mailing Label System, and CG-5223 Resident Training Request-Short Form are available on WSII and WSIII. CG-5132 Auxiliary Patrol Order and CG-5132-1 Auxiliary Patrol Order Continuation Sheet are available on WSIII. All forms in the guide are available at the Auxiliary National Supply Center (ANSC) and can be ordered through normal channels or locally produced.

/s/ T. L. TERRIBERY
Captain, U.S. Coast Guard
Director of Operations Capability

Encl: (1) Auxiliary Member Forms Guide

INTRODUCTION

A. OVERVIEW

1. Forms are an integral part of every organization. The proper selection and use of forms is necessary for evaluating the successful attainment of the organization's goals and objectives. The Auxiliary is not different from other organizations in this regard. From answer sheets and enrollment forms to activity reporting, using the correct form assures all information is properly reported and communicated.
2. AUXMIS is the acronym for "Auxiliary Management Information System". The complete system title really says it all. *AUXMIS IS YOUR SYSTEM* which has been designed to quantify Auxiliary accomplishments on a nationwide basis and to provide information in various report forms to Auxiliary Directors, Elected or Appointed Auxiliary office holders and other essential enrollment information.
3. Also available from AUXMIS are administrative reports listing names, addresses, telephone numbers and other essential enrollment information.

B. OBJECTIVES

1. Certain reports provide the basis for AUXMIS. These reports serve three major functions:
 - a. Accurate and timely activity reporting to ensure adequate and prompt recognition of accomplishments at both the individual and unit levels.
 - b. Cumulative data forms the statistical basis for justification to the United States Congress of expenditures of public monies to support Team Coast Guard.
 - c. Areas requiring attention and/or correction are revealed promptly, making timely action feasible.
2. All information comes to AUXMIS from the Auxiliarist and is stored in Master Files (AUXMIS database).
3. The accuracy of the form submitted is the member's responsibility to properly complete. The completed forms are screened for obvious errors and omissions prior to ALDUS data entry. Many errors are caught at this time. Data Entry operators enter what is on the form, which may not be what was intended. Their job is to input data, not interpret meanings. Legibility is a must to maintain accuracy. Carelessly prepared or smudged forms can cause inaccurate data entries.
4. The forms were designed with the intention of simplifying data entry, as well as, including all pertinent information to be reported. If data are placed in the wrong blocks, the operator will probably enter the data incorrectly. Such errors will cause your record to be incorrectly changed or will cause data to be rejected.
5. One very vital piece of information which must be included on all forms is the member/unit identification number. This number is used by AUXMIS, not only to identify the submitted, but also to screen incorrect information being entered into the system. AUXMIS can check the name against the member number to ensure information is not entered in a wrong record. Without this identifying number, no transaction or data can be entered into a personal record.

C. AUXILIARIST

1. Every Auxiliarist should be familiar with the various forms and their uses.
2. This manual includes the forms every Auxiliarist will most need to use.
3. Samples of forms and instructions for completing each are found by using the Table of Contents for this Guide.

D. OTHER NOTES

1. Please read all instructions carefully before completing any form. Note the alphabetical or numerical designation for each written instruction coincides with the location of the data on the form being described.
2. When completing each form:
 - a. Use ball point pen or typewriter to enter data.
 - b. When using a ballpoint pen on multiple copy forms, press firmly to ensure all copies are readable.
 - c. Print all data clearly and legibly, using capital letters in block form.
 - d. All letters and numbers have separate entry formats. This eliminates the need to slash the Zero to differentiate it from the letter O.
 - e. When the form is typed, the distinction will be readily understood. Additionally, the location of the letters and numbers will provide clues as to their appropriate character identity.
 - f. Sign each form before submitting.
3. Check the Member('s) Number and Member('s) Name for every Auxiliarist listed.
4. Double check correctness of all other entries.
5. Ensure remarks are accurate and concise.

NOTE: This guide will be updated as new forms are approved. It was purposely made in a loose-leaf format so all revisions could be in the form of replacement or additional pages when new changes or forms are added. Each change will be accompanied by a replacement Matrix. Please follow the instructions in the change and keep your Forms Guide up-to-date. This guide also contains complete instructions, where necessary, for each form. Other forms, when ordered from ANSC, which have several pages of instructions will be bundled into packs of 50 and will contain 10 complete sets of instructions for filling out the forms.

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FORMS FOLLOW IN ORDER AS LISTED BELOW

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FORMS FOLLOW IN ORDER AS LISTED BELOW

FORM NUMBER	ANSC NR	ON HAND	NAME	REV. DATE	NOTES:	OPR CODE
CGAUX-1	7018	YES	New Member (NM) Certification Record	APR 97	AUXMIS II	(T)
CGAUX-2	7036	YES	Prospective Member Interview	APR 97	AUXMIS II	(P)
CGAUX-4	7056	YES	Member Transfer Request	APR 97	AUXMIS II	(P)
CGAUX-8	7081	YES	National Staff Appointment Request	APR 97	Use 1/97 Version First	
CGAUX-10	7049	YES	AIM Application/Medical Release	APR 97	Notorization Required	(P)
CGAUX-11	7014	YES	Instructor Qualification Record	APR 97		(T)
CGAUX-12	N/A	NO	National Board Travel Claim	DEC 94	NOT ANSC-NBI-3, JAN 97	
CGAUX-15	7007	YES	Annual Unit Office's Report	APR 97	AUXMIS II-DIRAUX ONLY	(P)
CGAUX-20	7022	YES	AIM Candidate Travel Worksheet	APR 97		(P)
CGAUX-21	N/A	NO	National Expense Claim	DEC 94	NOT ANSC NBI-4, JAN 97	
CGAUX-22	N/A	NO	Natl. Bd. Temp. duty Trvl. Req. & Auth.	DEC 94	NOT ANSC NBI-2, JAN 97	
CGAUX-23	7025	YES	Unit Financial Report	DEC 94		(F)
CGAUX-25	N/A	NO	National Staff Application	JAN 97	Use Mar 96 Until NIS	
CGAUX-26	7030	YES	Activity Report - Mission	APR 97	AUXMIS II-Missions Only	(P)
CGAUX-28	7033	YES	Public Education Course Report	APR 97	AUXMIS II-Completion Report	(T)
CGAUX-29	7038	YES	Vessel Examination Report	APR 97	AUXMIS II-CME/PWC/CPV/UPV	(T)
CGAUX-30	7039	YES	Workshop Attendance Report	APR 97	AUXMIS II-Workshop Leader Rpt	(T)
CGAUX-31	7029	YES	Member Activity Report	APR 97	AUXMIS II-Aux Missions Only	(P)
CGAUX-32	7001	YES	Enrollment Application	APR 97	AUXMIS II-Trash All Others	(P)
CGAUX-33	7026	YES	Change of Member Information	APR 97	AUXMIS II-Changes into MIS	(P)
CGAUX-34	7057	YES	Member Qualifications	APR 97	AUXMIS II-Trash All Others	(P)
CGAUX-35	N/A	NO	Search and Rescue Report	MAR 96	Use ONLY CG-4612AUX	
CGAUX-36	7035	YES	Change of Membership Status	APR 97	AUXMIS II-Trash All Others	(P)
CGAUX-37	7031	YES	Unit Monthly Public Affairs Report	APR 97	AUXMIS II-Trash All Others	(A)
CGAUX-38	7008	YES	Change of Office Holder Report	APR 97	AUXMIS II-Trash All Others	(P)
CGAUX-39	7048	YES	SAR Procedures Flight Check	APR 97	AUXMIS II-Being Revised	(2)
CGAUX-42	7080	YES	Training Evaluation Form	APR 97		(T)
CGAUX-43	7046	YES	MDV Visit Report	APR 97		(2)
AUX-204	7012	YES	CME Check Sheet	APR 95		(2)
AUX-204A	7011	YES	PWC Check Sheet	MAR 97		(2)
CG-1650	7002	YES	Coast Guard Award Recommendation	MAY 94		(1)
CG-2736	7003	YES	Facility Inspec/Offr of Use	MAY 96		(2)
CG-2736A	7004	YES	Radio Facility Inspec/Offr	MAR 95		(2)
CG-2736B	7005	YES	Pilot Qual & Facility Inspection	FEB 92		(2)
CG-3615	7017	YES	Record of Unit Meeting	JUN 81		(P)
CG-3863	7104	YES	Rapiddraft Letter	APR 83		(1)
CG-4612-AUX	7034	YES	Audiliary SAR Incident Report	OCT 96		(2)
CG-4691	7023	YES	Audiliary Notice of P.E. Course	APR 95		(E)
CG-4886	7010	YES	Aux. Examination Answer Sheet	NOV 78		(T)
CG-4887	7028	YES	Aux. OSC Exam Req. & Transmittal Form	JAN 73		(T)
CG-5093	7047	YES	Manfctr. ID Code(MIC) & Mailing Label System	JUL 90		(2)
CG-5132	7000	YES	Audiliary Patrol Order	JAN 97		(2)
CG-5132-1	7000A	YES	Audiliary Patrol Order Continuation Sheet	JAN 97		(2)
CG-5223	7059	YES	Resident Training Request-Short Term	JUN 84		(T)
CG-5232	7045	YES	CME Action Information Notification	MAR 97		(2)
CG-5474	7084	YES	Aids to Navigation	MAY 95		(2)
NOAA 77-5	7037	YES	USCG AUX-NOS Coop Chart Updating Program	MAY 95		(2)
	7051	YES	Audiliary Uniform Order Blank	JAN 97		(P)
	7052	YES	Audiliary Uniform Size Chart	JAN 97		(P)
	7055	YES	Cape May Uniform Price List(Uniforms)	JAN 97		(P)

OFFICE OF PRIMARY RESPONSIBILITY CODES ARE LISTED ON BACK

THE OFFICE OF PRIMARY RESPONSIBILITY (OPR) DECODED

CODE	DEPARTMENT	RESPONSIBLE PERSON & ADDRESS
(A) PA	PUBLIC AFFAIRS	EDWARD G. NEALE, Jr., DC-A 4711 Balboa Avenue Encino, CA 91316-3141
(E) ED	EDUCATION	L.DANIEL MAXIM, DC-E 15 North Main Street Cranbury, NJ 08512
(F) FN	FINANCE	CHARLES W. ATEN II, DC-F 5146 Cheltenham Black Jack, MO 63033-7425
(I) I	INFORMATION AND COMMUNICATION SERVICES	LINDA M. MERRYMAN, DC-I 1010 Smith Drive Arnold, MD 21012-1740
(M) MEP	MARINE SAFETY AND ENVIRONMENTAL PROTECTION	DAVID L. SARGENT, DC-M P.O. Box 1790 Annapolis, MD 21404-1974
(O) OP	OPERATIONS	WILLIAM C. HERMAN, DC-O 2 Saint Andrews Crossover Severna Park, MD 21146-2403
(P) PST	PERSONNEL	EUGENE M. PESTER, JR, DC-P 15 R. Pine Run Community Doylestown, PA 18901
(T) TR	TRAINING	DONALD L. SENEKER, DC-T 434 College Street Mt. Vernon MO 65712
(V) VE	VESSEL EXAMINATION	DONALD C. SMUTZ, DC-V 7106 Primrose Way Carlsbad, CA 92009-4833
(X) ANSC	AUXILIARY NATIONAL SUPPLY CENTER	UNITED STATES COAST GUARD AUXILIARY NATIONAL SUPPLY CENTER C. M. Price Support Center Warehouse #1 Bay 5 Granite City, IL 62040-1801
(1) OCX-1	ADMINISTRATIVE DIVISION	COMMANDANT (OCX-1) U.S. COAST GUARD 2100 2nd Street S.W. WASHINGTON, DC 20593-0001
(2) OCX-2	OPERATIONS DIVISION	COMMANDANT (OPB) U.S. COAST GUARD 2100 2nd Street S.W. WASHINGTON, DC 20593-0001
(3) OPB	OFFICE OF BOATING SAFETY	COMMANDANT (OPB) U.S. COAST GUARD 2100 2nd Street S.W. WASHINGTON, DC 20593-0001

UNITED STATES COAST GUARD AUXILIARY
NEW MEMBER (NM) CERTIFICATION RECORD

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CGAUX-1 (4-97)	UNITED STATES COAST GUARD AUXILIARY NEW MEMBER (NM) CERTIFICATION RECORD				
INSTRUCTIONS: Complete SECTION I thru SECTION IV and mail to DIRAUX along with the Auxiliary Enrollment Application					
SECTION I - NAME					
NAME: _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;">LASTFIRSTMIDDLE INITIAL</div>					
SECTION II - PROSPECTIVE MEMBER INTERVIEW					
<input type="checkbox"/> The prospective member interview has been conducted with the candidate. The completed Prospective Member Interview Record form (CGAUX-2) is attached.					
SECTION III - FACILITY OR SPECIAL REQUIREMENTS (Check #1 or #2)					
<div style="margin-bottom: 10px;"><input type="checkbox"/> #1 Membership is based on at least 25% ownership of the indicated facility. <div style="display: flex; justify-content: space-around; margin-top: 5px;"><input type="checkbox"/> VESSEL <input type="checkbox"/> AIRCRAFT <input type="checkbox"/> RADIO STATION</div><input type="checkbox"/> A Facility Inspection form (CG 2736, 2736A, 2736B) is attached or will be provided in accordance with district instructions.</div> <div><input type="checkbox"/> #2 Membership is based on the following special qualifications of the candidate. _____ _____</div>					
SECTION IV - NM EXAMINATION REQUIREMENTS					
<table style="width: 100%; border-collapse: collapse;"><tr><td style="border-bottom: 1px solid black; width: 25%; text-align: center;">Edition / Test #</td><td style="border-bottom: 1px solid black; width: 25%; text-align: center;">Grade</td><td style="border-bottom: 1px solid black; width: 25%; text-align: center;">Date of test</td><td style="border-bottom: 1px solid black; width: 25%; text-align: center;">Signature / Title of Proctor</td></tr></table>		Edition / Test #	Grade	Date of test	Signature / Title of Proctor
Edition / Test #	Grade	Date of test	Signature / Title of Proctor		
SECTION V - FLOTILLA COMMANDER'S CERTIFICATION					
I certify the above named candidate has met requirements and is recommended for membership in the U.S. Coast Guard Auxiliary. <table style="width: 100%; border-collapse: collapse;"><tr><td style="border-bottom: 1px solid black; width: 25%; text-align: center;">Flotilla #</td><td style="border-bottom: 1px solid black; width: 50%; text-align: center;">Signature of Flotilla Commander</td><td style="border-bottom: 1px solid black; width: 25%; text-align: center;">Date</td></tr></table>		Flotilla #	Signature of Flotilla Commander	Date	
Flotilla #	Signature of Flotilla Commander	Date			
SECTION VI - ENDORSEMENT OF DIRAUX					
<div style="margin-bottom: 10px;"><input type="checkbox"/> APPROVED</div> <div><input type="checkbox"/> DISAPPROVED _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;">Signature of DIRAUXDate</div></div>					

NEW MEMBER (NM) CERTIFICATION RECORD-AUX-I

- A. GENERAL** - This form is to ascertain the person applying for membership has met initial entry criteria.
- B. SECTION I - NAME** - Enter the applicant's last name, first name, and middle initial.
- C. SECTION II - PROSPECTIVE MEMBER INTERVIEW** - Check this box when the Prospective Member Interview (CGAUX-2) has been completed. The CGAUX-2 must be completed and attached before submission.
- D. SECTION III - FACILITY OR SPECIAL REQUIREMENTS** - Check either: #1- Facility Owner or #2-Special Qualifications.
#1 Check box for appropriate type of facility. Check box for attachment of a Facility Inspection (CG-2736, 2736A OR 273613).
#2 List the special qualification membership being considered, if offered.
- E. SECTION IV - NEW MEMBER EXAMINATION REQUIREMENTS** - Enter Edition/Test number, grade, date of test, proctor signature and title.
- F. SECTION V - FLOTILLA COMMANDER'S CERTIFICATION** - Enter the flotilla number, Flotilla Commander's signature and date of signature.
- G. SECTION VI - ENDORSEMENT OF DIRAUX** - The DIRAUX will check either the Approved or Disapproved box, then sign and date the acceptance of the certifications submitted.

U.S. COAST GUARD AUXILIARY
PROSPECTIVE MEMBER INTERVIEW RECORD

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CGAUX-2 (4-97)	U. S. COAST GUARD AUXILIARY PROSPECTIVE MEMBER INTERVIEW RECORD <small>(See Instructions and Privacy Act Statement on back of this form)</small>
INTERVIEWER CHECKS OFF EACH ITEM AS DISCUSSED. INTERVIEWER AND APPLICANT SIGN AND DATE THE FORM. [THIS RECORD MUST BE INCLUDED WITH THE APPLICATION FOR MEMBERSHIP IN THE NM MEMBER PACKAGE SUBMITTED TO DIRAUX FOR APPROVAL.]	
<p>APPLICANT NAME : _____</p> <p>OCCUPATION : _____</p> <p>HOBBY / INTEREST : _____</p> <p>FACILITY: <input type="checkbox"/> BOAT <input type="checkbox"/> AIRCRAFT <input type="checkbox"/> RADIO</p>	
<p>1 <input type="checkbox"/> <u>WHAT IS THE AUXILIARY?</u> • MEN AND WOMEN INTERESTED IN ACTIVELY SUPPORTING THE CIVILIAN COMPONENT OF THE U.S. COAST GUARD. • NOT A YACHT CLUB. • A SERVICE ORGANIZATION COMPOSED OF VOLUNTEERS WITH EMPHASIS ON ACTIVE SUPPORT OF MANY COAST GUARD MISSIONS.</p> <p>2 <input type="checkbox"/> <u>WHAT MEMBERS CAN EXPECT FROM THE AUXILIARY.</u> TRAINING, NEW SKILLS, FELLOWSHIP, PUBLIC SERVICE, GROWTH IN PERSONAL AND PROFESSIONAL SKILLS. A SENSE OF PRIDE FROM ASSISTING OTHERS.</p> <p>3 <input type="checkbox"/> <u>WHAT THE AUXILIARY EXPECTS FROM MEMBERS.</u> DEDICATION, FELLOWSHIP, PUBLIC SERVICE, PROFESSIONAL CONDUCT AND PARTICIPATION.</p> <p>4 <input type="checkbox"/> <u>IMPORTANCE OF PROFESSIONAL CONDUCT IN ALL ACTIVITIES.</u> • DIRECT REFLECTION ON THE COAST GUARD AND THE AUXILIARY. • NEED FOR SUSTAINING QUALITY PROGRAMS AND MISSIONS. • OFFICIAL COAST GUARD/AUXILIARY ORDERS. • MEMBER TRAINING WITH EMPHASIS ON PROFESSIONALISM • COMPLIANCE WITH CIVIL RIGHTS LAWS. • INTOLERANCE OF SEXUAL DISCRIMINATION AND HARASSMENT.</p> <p>5 <input type="checkbox"/> <u>EVERY MEMBER IS EXPECTED TO PARTICIPATE IN SOME PROGRAM.</u> EXAMPLES: PATROLS, CHART-UPDATING, TRAINING, RECRUITING, PUBLIC AFFAIRS, SERVICE AS ELECTED OR STAFF MEMBER AND ATTENDANCE AT FLOTILLA MEETINGS.</p> <p>6 <input type="checkbox"/> <u>TRAINING AND QUALIFICATIONS OPPORTUNITIES ARE PROVIDED TO HELP PARTICIPATION IN AUXILIARY PROGRAMS.</u> • VESSEL EXAMINERS. • AIR AND SURFACE OPERATIONS. • AUXILIARY SPECIALTY COURSES. • RADIO OPERATOR. • ICE PATROLS. • WATCHSTANDER. • INSTRUCTOR. • MARITIME ENVIRONMENTAL PATROLS. • NAVIGATIONAL AIDS VERIFIER, MEMBER SERVICES</p> <p>7 <input type="checkbox"/> <u>PERSONAL COSTS INVOLVED.</u> • DUES, • UNIFORMS, • OTHER COSTS.</p> <p style="margin-top: 20px;">THE INTERVIEWER HAS DISCUSSED AND EXPLAINED THE ITEMS LISTED ABOVE TO ME. I DESIRE TO BECOME A MEMBER OF THE UNITED STATES COAST GUARD AUXILIARY. I AM WILLING TO ACTIVELY TAKE PART IN TRAINING PROGRAMS AND TO PARTICIPATE IN OTHER AUXILIARY PROGRAMS. I UNDERSTAND THE OBLIGATIONS OF MEMBERSHIP AND WILL ABIDE BY THE POLICIES ESTABLISHED BY THE COMMANDANT, U.S. COAST GUARD.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 20%;">DATE _____</div><div style="width: 40%;">SIGNATURE OF APPLICANT _____</div><div style="width: 20%;">PHONE NUMBER _____</div><div style="width: 20%; text-align: center;">_____ SIGNATURE OF INTERVIEWER</div></div> <div style="display: flex; justify-content: flex-end; margin-top: 10px;"><div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 10px;"></div><div style="border-top: 1px solid black; width: 100px; display: flex; align-items: center;"><div style="width: 10px; height: 10px; border: 1px solid black; margin-right: 5px;"></div><div style="width: 10px; height: 10px; border: 1px solid black; margin-right: 5px;"></div><div style="width: 10px; height: 10px; border: 1px solid black; margin-right: 5px;"></div><div style="width: 10px; height: 10px; border: 1px solid black; margin-right: 5px;"></div><div style="width: 10px; height: 10px; border: 1px solid black; margin-right: 5px;"></div><div style="width: 10px; height: 10px; border: 1px solid black; margin-right: 5px;"></div><div style="width: 10px; height: 10px; border: 1px solid black; margin-right: 5px;"></div><div style="width: 10px; height: 10px; border: 1px solid black; margin-right: 5px;"></div><div style="width: 10px; height: 10px; border: 1px solid black; margin-right: 5px;"></div><div style="width: 10px; height: 10px; border: 1px solid black;"></div></div><div style="margin-top: 5px;">MEMBER NUMBER</div></div>	

PROSPECTIVE MEMBER INTERVIEW RECORD - CGAUX-2

- A. GENERAL-** This form is used as a check-off sheet to make certain the prospective member has been informed of the membership opportunities and obligations in the U.S. Coast Guard Auxiliary.
- B. APPLICANT'S INFORMATION**
1. Enter applicant's name.
 2. Enter applicant's occupation.
 3. Enter applicant's hobby or interests.
 4. Enter applicant's facility status.
- C. INTERVIEW SUBJECTS** - The following subjects must be discussed in depth and any concerns addressed with the prospective member at this time.
1. What is the Auxiliary?
 2. What one can expect from the Auxiliary.
 3. What the Auxiliary expects from the member.
 4. Importance of professional conduct in all activities.
 5. Every member is expected to participate and to contribute in some program.
 6. Training and qualifications opportunities are provided to members who participate in Auxiliary programs.
 7. Personal costs involved.
 8. Your contribution to the Auxiliary.
- The record must be dated and signed by the prospective member. The prospective member's telephone number is also required, as are the interviewer's member number and signature.

PRIVACY ACT STATEMENT

In accordance with 5 USC 552a(e) (3), the following information is provided to you when supplying personal information to the United States Coast Guard.

1. **AUTHORITY** which authorized the solicitation of the information:
14 USC Sec 823.
2. **PRINCIPLE PURPOSE(S)** for which information is intended to be used:
To establish eligibility for enrollment and a record for the individual in the Auxiliary Management Information System.
3. **THE ROUTINE USES** which may be made of the information: Provide identification, address and personal information to the following:
(1) Directors of Auxiliary. (2) Members of the Auxiliary.
4. **WHETHER OR NOT DISCLOSURE** of such information is mandatory or voluntary (required by law or optional) and the effects on the individual, if any, of not providing all or any part of the requested information: Disclosure of this information is voluntary, but failure to provide information will prevent enrollment of the person in the Auxiliary.

U.S. COAST GUARD AUXILIARY
MEMBER TRANSFER REQUEST

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CGAUX-4 (4-97)	U. S. COAST GUARD AUXILIARY MEMBER TRANSFER REQUEST
<input type="checkbox"/> WITHIN CURRENT DISTRICT <input type="checkbox"/> OUTSIDE CURRENT DISTRICT	
THIS FORM MUST BE ACCOMPANIED BY FORM CGAUX-33 CHANGE OF MEMBER INFORMATION	
SECTION 1 - CURRENT INFORMATION	
TO: FLOTILLA COMMANDER _____ <div style="border: 1px solid black; width: 100px; height: 15px; margin-left: 10px; display: flex; justify-content: space-between;"><div style="width: 10%;"></div><div style="width: 10%;"></div><div style="width: 10%;"></div><div style="width: 10%;"></div><div style="width: 10%;"></div><div style="width: 10%;"></div><div style="width: 10%;"></div><div style="width: 10%;"></div><div style="width: 10%;"></div><div style="width: 10%;"></div></div> <div style="text-align: center; font-size: 8px; margin-top: 2px;">CURRENT MEMBER NUMBER</div>	I, _____ <div style="display: flex; justify-content: space-between; font-size: 8px; margin-top: 2px;">LAST NAMEFIRST NAMEMIDDLE INITIAL</div>
DESIRE TO TRANSFER TO FLOTILLA _____, DISTRICT _____, EFFECTIVE _____ <div style="text-align: center; font-size: 8px; margin-top: 2px;">DATE</div>	
I HAVE ACCOUNTED FOR ALL AUXILIARY AND COAST GUARD PROPERTY. MY AUXILIARY MEMBERSHIP CARD (CG-2650) IS ATTACHED.	
_____ <div style="display: flex; justify-content: space-between; font-size: 8px; margin-top: 2px;">MEMBER'S SIGNATUREDATE</div>	
TO: DIRECTOR OF AUXILIARY <input type="checkbox"/> RECOMMEND APPROVAL. <input type="checkbox"/> RECOMMEND DISAPPROVAL. (See attachment). FROM: _____ <div style="display: flex; justify-content: space-between; font-size: 8px; margin-top: 2px;">CURRENT FLOTILLA COMMANDERDATE</div>	
SECTION 2 - NEW INFORMATION	
TO RECEIVING DISTRICT AUXILIARY DIRECTOR I have transferred the paperwork to your district. <input type="checkbox"/> MEMBER TRANSFERRED EFFECTIVE _____ <div style="text-align: center; font-size: 8px; margin-top: 2px;">DATE</div> <input type="checkbox"/> MEMBER NOT TRANSFERRED. (Reasons for denial are attached.) _____ <div style="display: flex; justify-content: space-between; font-size: 8px; margin-top: 2px;">DIRECTOR OF AUXILIARYDISTRICTDATE</div>	
<div style="border: 1px solid black; width: 100px; height: 15px; display: flex; justify-content: space-between;"><div style="width: 10%;"></div><div style="width: 10%;"></div><div style="width: 10%;"></div><div style="width: 10%;"></div><div style="width: 10%;"></div><div style="width: 10%;"></div><div style="width: 10%;"></div><div style="width: 10%;"></div><div style="width: 10%;"></div><div style="width: 10%;"></div></div> <div style="text-align: center; font-size: 8px; margin-top: 2px;">NEW MEMBER NUMBER</div>	
TO RECEIVING FLOTILLA COMMANDER The above listed auxiliary member has been transferred to your flotilla and a new member number, shown in Section 2, above, has been assigned.	
INSTRUCTIONS: DIRAUX <u>Within District</u> , assign new member number, notify member and both FCs. <u>Outside District</u> , remove member from district rolls, send personnel record to new DIRAUX. Transfer effective when request is approved and member accepted by new DIRAUX.	

MEMBER TRANSFER REQUEST - CGAUX-4

- A. GENERAL** - This form is for members in good standing who request transfer to another flotilla, either within or outside the current district.
- B. CHECK APPROPRIATE BOX** - Check the box which applies to this transfer request.
- C. CURRENT MEMBER NUMBER** - Enter your current 10 digit Auxiliary member number.
- D. NAME** - Enter your last name, first name and middle initial as they appear on your Flotilla Roster.
- E. FLOTILLA** - Enter the 4 digit number of the Flotilla to which you wish to transfer.
- F. DISTRICT** - Enter the 3 element number of the District to which you wish to transfer.
- G. DATE** - Enter the effective date of the requested transfer.
- H. MEMBER'S SIGNATURE** - Member's signature as normally written.
- I. DATE** - Enter date signed.
 - 1. **ATTACH:** Change of Member Information (CGAUX-33).
Auxiliary Membership Identification Card (CG-2650).
 - 2. **FORWARD:** Completed form and all attachments to your present
Flotilla Commander
- J. FLOTILLA COMMANDER** - check appropriate box, sign and date. Forward with attachments to DIRAUX.
- K. DIRAUX** - Check appropriate box, sign and date.
 - 1. Within District - Assign new member number, notify member and both Flotilla Commanders.
 - 2. Outside District - Remove member from District List, send personnel jacket to new DIRAUX.
 - 3. Transfer effective when approved and member is accepted by the new DIRAUX.

PRIVACY ACT STATEMENT

In accordance with 5 USC 552a(e)(3), the following information is provided to you when supplying personal information to the United States Coast Guard.

- 1. **AUTHORITY** which authorized the solicitation of the information:
14 USC Sec 823.
- 2. **PRINCIPAL PURPOSE(S)** FOR WHICH INFORMATION IS INTENDED TO BE USED:
To establish eligibility for enrollment and a record for the individual in the Auxiliary Information management System.
- 3. **THE ROUTINE USES** which may be made of the information: Provide identification, address and personal information to the following:
(1) Directors of Auxiliary. (2) Members of the Auxiliary.
- 4. **WHETHER OR NOT DISCLOSURE** of such information is mandatory or voluntary (required by law or optional) and the effects on the individual, if any, of not providing all or any part of the requested information:
Disclosure of this information is voluntary, but failure to provide information will prevent enrollment of the person in the Auxiliary.

U.S. COAST GUARD AUXILLIARY
NATIONAL STAFF APPOINTMENT REQUEST

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CGAUX-8 (4-97)	U. S. COAST GUARD AUXILIARY NATIONAL STAFF APPOINTMENT REQUEST
DATE: _____ FROM: DEPARTMENT CHIEF - _____	
I REQUEST APPROVAL TO APPOINT THE FOLLOWING PERSON TO THE NATIONAL STAFF IN THE POSITION INDICATED	
<div style="display: flex; justify-content: space-between;"><div>NAME: _____</div><div><small>MEMBER NUMBER</small> _____</div></div> <div style="display: flex; justify-content: space-between;"><div>STAFF POSITION: _____</div><div><small>STAFF ABBREVIATION</small> _____</div></div> <div style="display: flex; justify-content: space-between;"><div>MAILING ADDRESS: _____</div><div><small>STREET / P. O. BOX</small> _____</div></div> <div style="display: flex; justify-content: space-between;"><div><small>CITY</small> _____</div><div><small>STATE</small> _____</div><div><small>ZIP+4</small> _____</div></div> <div style="display: flex; justify-content: space-between;"><div>TELEPHONE: HOME (H) () _____</div><div>BUSINESS (B) () _____</div></div> <div style="display: flex; justify-content: space-between;"><div>FAX NUMBER: () _____</div><div>E-MAIL _____</div></div> <div>SPOUSE'S NAME: _____</div>	
<div style="display: flex; justify-content: space-between;"><div>FORMER POSITION: _____</div><div><small>(IF APPLICABLE)</small></div></div> <div>REASON FOR CHANGE: _____ _____</div>	
<div style="display: flex; justify-content: space-between;"><div>DCO CONSULTED AND CONCURS WITH APPOINTMENT:</div><div><input type="checkbox"/> YES</div><div><input type="checkbox"/> NO</div></div> <div style="display: flex; justify-content: space-between;"><div>APPLICATION FORM OR RESUME ATTACHED:</div><div><input type="checkbox"/> YES</div><div><input type="checkbox"/> NO</div></div> <div style="display: flex; justify-content: space-between;"><div>COPY OF CGAUX-8 TO N-A:</div><div><input type="checkbox"/> YES</div><div><input type="checkbox"/> NO</div></div> <div style="display: flex; justify-content: space-between;"><div>COPY OF STAFF DUTIES TO N-A (For new or revised position)</div><div><input type="checkbox"/> YES</div><div><input type="checkbox"/> NO</div></div> <div>COMMENTS: _____ _____</div>	
<div style="display: flex; justify-content: space-between;"><div>EFFECTIVE DATE: _____</div><div></div></div> <div style="display: flex; justify-content: space-between;"><div>SUBMITTED BY: _____</div><div>DATE _____</div></div> <div style="display: flex; justify-content: space-between;"><div>APPROVED: NACO _____</div><div>DATE _____</div></div> <div style="display: flex; justify-content: space-between;"><div>NAVCO _____</div><div>DATE _____</div></div> <div style="display: flex; justify-content: space-between;"><div>CHDIRAUX _____</div><div>DATE _____</div></div>	
<div style="display: flex; justify-content: space-between;"><div>AUXMIS MGR, _____</div><div>N-A _____</div></div>	

NATIONAL STAFF APPOINTMENT REQUEST - CGAUX-8

- A. GENERAL** - This form is used to request the appointment of an Auxiliary member to the National Staff. A National Department Chief usually completes the form.
- B.**
1. DATE-Enter the request date.
 2. FROM: DEPARTMENT CHIEF-Enter the requesting Department Chief's name.
- C.**
1. NAME-Enter the requested appointee's name.
 2. MEMBER NUMBER-Enter the requested member's number.
 3. STAFF POSITION-Enter the title of the office to be filled.
 4. STAFF ABBREVIATION-Enter the abbreviation of the staff position to be filled.
 5. MAILING ADDRESS-Enter the address of the requested appointee.
 6. TELEPHONE
 - a. HOME-Enter the home telephone number.
 - b. BUSINESS-Enter the business telephone number.
 - c. FAX-Enter the FACSIMILE telephone number.
 - d. E-MAIL-Enter requested appointee's E-Mail address.
 7. SPOUSE'S NAME-Enter spouse's first name.
- D.**
1. Enter Requested appointee's previous position within a department, if any.
 2. REASON FOR CHANGE-Enter reason for change of staff office or for creation of new position.
- E.** Check the appropriate box.
1. DCO CONSULTED AND CONCURS-Requested appointee's District Commodore should be advised and concur with selection of appointee and with the proposed position.
 2. APPLICATION FORM OR RESUME' ATTACHED-Either a completed application or resume' of the requested appointee should be attached. A completed application should be on file with the National Membership Department.
 3. COPY OF CGAUX-8 TO N-A-Indicate if a copy is being sent to the N-A while the original is forwarded for approval.
 4. COMMENTS-Enter any comments in this section.
- F.**
1. EFFECTIVE DATE-Enter requested effective date of appointment.
 2. SUBMITTED BY-Enter person's name submitting the request and the date of request.
 3. APPROVED: NAVCO-Signature of Directorate, National Vice Commodore (NAVCO), and date of approval.
 4. NACO-Signature of National Commodore (NACO) and date of approval.
 5. CHDIRAUX-Signature of Chief Director Office of Auxiliary and date of approval.
 6. AUXIMIS MGR.-Signature of AUXMIS Manager signifying processing of the appointment and completion of AUXMIS data entry into the database.
 7. N-A-Signature of National Staff-Administrative Office signifying processing of the appointment through the National Directory.

UNITED STATES COAST GUARD AUXILIARY
APPLICATION FOR ACADEMY INTRODUCTION MISSION

DEPARTMENT OF TRANSPORTATION CGAUX-10 (4-97)	UNITED STATES COAST GUARD AUXILIARY APPLICATION FOR ACADEMY INTRODUCTION MISSION AT THE UNITED STATES COAST GUARD ACADEMY
PRIVACY ACT STATEMENT: In accordance with 5 USC 552a(e)(3), the following information is provided to you when supplying personal information to the United States Coast Guard. 1. Authority which authorized the solicitation of the information: 14 USC Sec 182. 2. Principal purpose(s) for which information is intended to be used: To determine eligibility to participate in the Academy Introduction Mission program at the United States Coast Guard Academy. 3. The routine uses which may be made of the information: Provide identification, address and scholastic information of all applicants to the Academy Introduction Mission Program for the Coast Guard Academy and Coast Guard Auxiliary for record keeping, statistical information and future contacts. 4. Whether or not disclosure of such information is mandatory or voluntary (required by law or optional) and the effects on the individual, if any, of not providing all or any part of the requested information: disclosure of this information is voluntary but the failure to provide the information will prevent the selection of the person to participate in the Academy Introduction Mission Program at the United States Coast Guard Academy.	
I. APPLICANT INFORMATION	
Applicant _____ Mailing Address _____ City, State & ZIP Code _____ Telephone Number(s) and Area Code(s) (____) _____ SSAN _____	
II. REQUESTED INFORMATION	
I, _____ hereby apply for consideration for the Academy Introduction Mission (AIM) at the United States Coast Guard Academy this summer. I understand a \$125.00 fee (excluding transportation) for meals will be required if I am selected to attend AIM. I understand I will be under no obligation to the U.S. Coast Guard due to my participation in the AIM Program. I am not over 18 years of age nor under 15 years of age at this time. I am a United States Citizen.	
III. PERSONAL INFORMATION	
Date and Place of Birth _____ Gender _____ Height _____ Weight _____ How do you describe yourself? (If you care to do so.) Choose only one. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> White or Caucasian </div> <div> <input type="checkbox"/> American Indian or Alaskan Native </div> <div> <input type="checkbox"/> Black or African American </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Hispanic American </div> <div> <input type="checkbox"/> Asian American or Pacific Islander </div> </div>	
I have NO physical handicaps or defects, (As asthma, color blindness, joint surgery, etc.) and I am in good health. (Note: any occurrence or active treatment of asthma will disqualify you.) My visual acuity is no poorer than 20/400 in either eye and is correctable to 20/20 in each eye, refractive error not to exceed +/- 6.0 diopters. Astigmatism not to exceed 3.00 diopters. Anisometropia not to exceed 3.50 diopters. I have no color blindness.	
IV. SCHOLASTIC STATEMENT	
1. I am currently in my JUNIOR YEAR of High School at: _____ 2. School(s) attended in Sophomore Year _____ Freshman Year _____ 3. I have a good scholastic record of _____ (GPA or Scholastic average) over the last 2 ½ years. 4. My high school academic average (5 terms) _____ Class standing _____ of _____ (OVER)	
ANSC #7049	

AIM APPLICATION FORM - CGAUX-10

- A. GENERAL**-Used for applicants for the United State Coast Guard Academy Introduction Mission (AIM) Program.
- B. SECTION I-APPLICANT INFORMATION**
1. Applicant-First, Last name and Middle Initial of applicant (Last, First, MI).
 2. Address-Applicant's mailing address.
 3. City, State, ZIP Code-City name, postal two letter code for state and ZIP code of applicant
 4. Telephone-Telephone number of applicant to include area code.
- C. SECTION II-REQUESTED INFORMATION**
1. Insert applicant's first name, middle initial and last name on the blank line.
- D. SECTION III-PERSONAL INFORMATION**
1. Date of Birth-Record applicant's date of birth in DD/MM/YY format.
 2. Gender-Enter male or female.
 3. Height-Enter applicant's height in inches.
 4. Weight-Enter applicant's weight in pounds.
 5. Applicant's ethnicity (optional)-Applicant indicates ethnic heritage if applicant desires to do so.
- E. SECTION IV-HEALTH-INFORMATION NOTICE**
1. This section is a statement confirming the applicant's health.
The applicant will verify the statement when the application is signed.
- F. SECTION V-SCHOLASTIC STATEMENT**
1. Enter the name of the applicant's high school and Community/State.
 2. Enter the name of the school(s) the applicant attended in the sophomore and freshman years.
 3. A confirming statement, no entry required.
 4. Enter the applicant's academic average, class standing, class ranking and class size.
 5. Enter Verbal, Math and Total scores received on PSAT, SAT, PACT and/or ACT tests taken. Enter name and date of any of these tests scheduled to be taken.
- G. SECTION VI-ATHLETIC RECORD**
1. Enter all sports participation, including positions played and any recognition received in freshman, sophomore and junior years. Use extra sheets, if necessary.
- H. SECTION VII-EXTRA-CURRICULAR ACTIVITIES**
1. List all extra-curricular participation in any, School, Organization, Activity or Club. List any awards or honors received. Use extra sheets, if necessary.
- L. SECTION VIII-EMPLOYMENT**
1. If ever employed, enter the work title held, places and dates of employment.
- J. SECTION IX-SELECTION REQUEST**
1. The applicant should prepare a statement of 100 to 150 words, describing the reasons he/she would like to be selected for the AIM program. Additional pages may be attached but each page must be initialed and dated by the applicant.
- K. SECTION X-PARENT(S) OR GUARDIAN**
1. Enter the name, mailing address and telephone number of the applicant's parent(s) or guardian.
- L. SECTION XI-CERTIFICATION**
1. The applicant must sign and date the application on the appropriate line.
 2. Applicant's parent(s) or guardian must sign and date the application on the appropriate line.
- M. SECTION XII-ATTACHMENTS AND DUE DATE**
1. Attach the applicant's official transcript and all pertinent recommendations.
- N. SECTION XIII-AIM AUXILIARIST INFORMATION**
1. Enter the name, mailing address, flotilla number, district number and telephone number of the submitting AIM Counselor.
- O. SECTION XIV-DIVISION ENDORSEMENT**
1. The Division Captain must sign and date the application on the appropriate line before submitting to the district staff officer for career counselor.

AUTHORIZATION FOR MEDICAL CARE AND MEDICAL RELEASE-CGAUX-10
(COMPLETE THIS FORM ONLY FOR SELECTEE)

PRIVACY ACT STATEMENT: In accordance with 5 USC 552 a(e) (3), the following information is provided to you when supplying personal information to the United States Coast Guard.

1. Authority which authorized the solicitation of the information:
14 USC Sec 182.
2. Principal purpose(s) for which information is intended to be used:
to determine eligibility to participate in the Academy Introduction Mission Program at the United States Coast Guard Academy.
3. The routine uses which may be made of the information:
Provide information, address and scholastic information of all applicants to the Academy Introduction Mission Program for the Coast Guard Auxiliary for record keeping, statistical information and future contacts.
4. Whether or not disclosure of such information is mandatory or voluntary (required by law or optional) and the effects on the individual, if any, of not providing all or any part of the requested information will prevent the selection of the person to participate in the Academy Introduction Mission Program at the United States Coast Guard Academy.

I (We), the undersigned, am (are) the parent(s) and/or legal guardian(s) of the person of _____, a minor, being under the age of eighteen (18) years. I (We) have specifically granted my (our) said child permission to attend the Coast Guard Auxiliary Academy Introduction Mission Program, (Project AIM), to be held at the U.S. Coast Guard Academy in New London, Connecticut from July 19 _____ to July 19 _____. To the best of my (our) knowledge and belief my (our) child has no mental or physical defects, diseases or impairments, and during such program he/she may engage in physical activities, including drills, exercises and sports.

In the event my (our) said child, _____, should become ill or injured while participating in this program including the period of time while my (our) said child is traveling from his/her place of residence to the U.S. Coast Guard Academy, while at the U.S. Coast Guard Academy, and returning from the U.S. Coast Guard Academy to his/her place of residence, I (We) hereby authorize medical personnel, including trained nurses and "paramedics", to administer drugs, medication, blood and medical treatment, to include emergency first aid and surgery, should such be necessary in the opinion of said medical personnel, to protect the life, health or safety of my (our) said child. All decisions concerning medical treatment of all types may be made by such personnel.

In the event of an emergency I (We) can be contacted at the following:
Telephone number(s) with area code(s) _____
and/or address(es) _____

I (We) further agree any and all medical treatment deemed to be necessary and appropriate, in the opinion of such medical personnel, may be undertaken without notification to me (us). I (We) further represent and agree that in the exercise of the discretion in selection of medical facilities, medical personnel, the U.S. Coast Guard, the U.S. Coast Guard Auxiliary and the officers, members, personnel and employees thereof, are hereby released, indemnified and held harmless from any loss of liability they, or any of them may incur or suffer by virtue of acts or omissions in pursuance of the premises herein set forth. I (We) further agree to reimburse the said U.S. Coast Guard, U.S. Coast Guard Auxiliary and the officers, members, personnel and employees thereof, for any and all costs and expenses they, or any of them, may incur, in connection with such medical treatment.

Medical and Hospitalization coverage insurance, which includes coverage of my (our) said child, is in force and effect, being policy(ies) Number(s) _____

Written by _____

(Insurance Company(ies) (If none, state "None")).

I (WE) HAVE READ AND UNDERSTAND THE AGREEMENT HEREIN CONTAINED:

Witness my (our) hand(s) this _____ day of _____ 19 _____

Father _____ Mother _____ Guardian _____

STATE OF _____

COUNTY OF _____

ON THIS, the _____ day of _____ 19 _____

BEFORE ME, the undersigned authority, personally appeared _____ known to me to be the person(s) whose name(s) is (are) subscribed on this instrument and who signed the same in my presence and (s)he (they) acknowledged to me that (s)he (they) executed the same as their free act and deed and that the same are true and correct.

(SEAL)

NOTARY PUBLIC

(STATE) (COUNTY)

U.S. COAST GUARD AUXILIARY
INSTRUCTOR QUALIFICATION RECORD

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CGAUX-11 (4-97)		U. S. COAST GUARD AUXILIARY INSTRUCTOR QUALIFICATION RECORD													
MEMBER NUMBER		LAST NAME	FIRST NAME & INITIAL												
I. Instructor Qualification Examination															
DATE _____ GRADE _____ PROCTOR SIGNATURE _____															
II. Flotilla Commander Certification															
I hereby certify that the member named above has met the Instructor Qualification requirements, and is recommended for designation as an Instructor.															
Signature _____		Date _____													
Flotilla Commander		DD/MM/YY													
APPROVED FOR AUXMIS ENTRY															
_____		<table border="1"><tr><td colspan="4">QUALIFICATION DATE</td></tr><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>		QUALIFICATION DATE				M	M	Y	Y				
QUALIFICATION DATE															
M	M	Y	Y												
DIRAUX															

ANSC # 7014

U.S. COAST GUARD AUXILIARY
ANNUAL UNIT OFFICERS REPORT

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CGAUX-15 (4-87)	U. S. COAST GUARD AUXILIARY ANNUAL UNIT OFFICERS REPORT			
SECTION I UNIT MEETING DATA				
UNIT NUMBER		UNIT NAME (As recorded in AUXMIS)		
<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>				
UNIT MEETING LOCATION		MEETING DATE	TIME	
SECTION II OFFICERS DATA				
MEMBER'S NUMBER	MEMBER'S LAST NAME	MBR'S INTS	OFFICE	
			FLOTILLA	DIVISION
			FC	DCP
			VFC	VCP
			IPFC	IPDCP
			FSO-MT	SO-MT
			FSO-PE	SO-PE
			FSO-VE	SO-VE
			FSO-OP	SO-OP
			FSO-MR	SO-MR
			FSO-PA	SO-PA
			FSO-PB	SO-PB
			FSO-SR	SO-SR
			FSO-FN	SO-FN
			FSO-CM	SO-CM
			FSO-CC	SO-CC
			FSO-MA	SO-MA
			FSO-IS	SO-IS
			FSO-AN	SO-AN
			FSO-MV	SO-MV
			FSO-AV	SO-AV
			FSO-MS	SO-MS
REMARKS <p style="font-size: small;">Note: Under OFFICE heading, if this is a <u>flotilla</u> report, draw a line through the division office codes. If it is a <u>division</u> report, draw a line through the flotilla office codes.</p>				
DATE	SIGNATURE OF UNIT LEADER	SIGNATURE OF DIRAUX		

PREVIOUS EDITIONS ARE OBSOLETE

ANSC 7007

ANNUAL UNIT OFFICERS REPORT - CGAUX-15

- A. GENERAL** - This form is used annually to report the results of unit elections. The Flotilla Commander/Division Captain completes this form and submits it as soon as possible after the annual elections, but prior to 20 December of each year, to the appropriate District Director of Auxiliary.

NOTE: All offices need not be filled in order to submit the form. The information entered on this form is used to compile the District Directory of elected and appointed office holders. Failure to submit this form prior to 20 December of each year can result in unit omissions from a District Directory.

B. SECTION I-UNIT MEETING DATA

1. UNIT NUMBER-Enter the unit identification number. Example: In the Seventh District, Flotilla 2-4 is entered as 0700204, the last three (3) zeroes are prepended on the form.
2. UNIT NAME-Enter the unit name AS IT APPEARS IN AUXMIS.
3. UNIT MEETING LOCATION-Enter the location where the unit meeting is held. If the name of the location is too long, abbreviate clearly. This entry is very important.
4. MEETING DATE-Enter the day of the month when the meeting takes place. Example: Third Tuesday of the month is entered as 3'd TUES.
5. TIME-Enter the time the meeting will begin, using 24-hour military time. Example: 8:00 P.M. is entered as 2000.

NOTE: The importance of the Unit Meeting Data being filled out completely and accurately is Directors use this information to put prospective members in contact with individual units.

C. SECTION II-ELECTED AND APPOINTED OFFICE HOLDER DATA

1. The office codes are preprinted on the form, beginning with the highest office to be reported. An office code explanation is listed on the form's reverse side.
2. If this is a flotilla report, draw a line through the division office codes. If it is a division report, draw a line through the flotilla codes.
NOTE: If an elected Auxiliary Officer is serving in the second year in office, the member is not designated as the Immediate Past (IP) Flotilla Commander or Division Captain.
3. REMARKS-Any remarks concerning either the unit meeting or elected/appointed Auxiliary officer's data sections should be entered here.
4. DATE OF SUBMISSION-Enter the date the form is submitted.
5. SIGNATURE OF UNIT LEADER. the incoming unit leader signs and forwards this report to the appropriate Director of Auxiliary (DIRAUX).
6. SIGNATURE OF DIRAUX. The DIRAUX's signature approves all elections and/or appointments.

OFFICER CODES

ELECTED

Flotilla Commander (FC)
Flotilla Vice Commander (VFC)
Immediate Past Flotilla Commander (IPFC)

ELECTED

Division Captain (DCP)
Division Vice Captain (VCP)
Immediate Past Division Captain (IPDCP)

APPOINTED

Membership Training Officer (MT)
Communications Officer (CM)
Public Education Officer (PE)
Career Counselor Officer (CC)
Vessel Examination Officer (VE)
Materials Officer (MA)
Operations Officer (OP)
Information Services Officer (IS)
Member Resources Officer (MR)
Aids to Navigation Dealer Officer (AN)
Public Affairs Officer (PA)
Marine Dealer Visitor Officer (MV)
Publications Officer (PB)
Aviation Officer (AV)
Secretary/Records Officer (SR)
Marine Safety Officer (MS)
Finance Officer (FN)

FLOTILLA

FC
VFC
IPFC

FLOTILLA

DCP
VCP
IPDCP

FLOTILLA

FSO-MT
FSO-CM
FSO-PE
FSO-CC
FSO-VE
FSO-MA
FSO-OP
FSO-IS
FSO-MR
FSO-AN
FSO-PA
FSO-MV
FSO-PB
FSO-AV
FSO-SR
FSO-MS
FSO-FN

DIVISION

SO-MT
SO-CM
SO-PE
SO-CC
SO-VE
SO-MA
SO-OP
SO-IS
SO-MR
SO-AN
SO-PA
SO-MV
SO-PB
SO-AV
SO-SR
SO-MS
SO-FN

UNITED STATES COAST GUARD AUXILIARY
AIM CANDIDATE TRAVEL WORKSHEET

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CGAUX-20 (4-97)	UNITED STATES COAST GUARD AUXILIARY AIM CANDIDATE TRAVEL WORKSHEET
To: DIRECTOR OF ADMISSIONS U.S. COAST GUARD ACADEMY 15 MOHEGAN AVE NEW LONDON, CT 06320 - 4195	
(Shall be completed by DSO-CC and submitted no later than 1 JULY.) DATE _____	
From: _____ DISTRICT _____	
DSO-CC _____ TELEPHONE: HOME (____) _____ BUSINESS(____) _____	
I. CANDIDATE INFORMATION	
ALL INFORMATION SHALL BE COMPLETED. <u>LEAVE NO BLANK SPACES</u>	
FULL NAME _____ MALE <input type="checkbox"/> TOTAL SCORE _____	
MAILING ADDRESS _____ FEMALE <input type="checkbox"/> SCHOOL # _____	
CITY _____ STATE _____ ZIP _____ SSAN: _____	
PARENT(S)/GUARDIAN _____ (H) _____ (B) _____	
II. TRAVEL INFORMATION	
TRAVELING TO: NEW LONDON <input type="checkbox"/> PROVIDENCE <input type="checkbox"/> USCGA <input type="checkbox"/>	TRAVELING FROM: NEW LONDON <input type="checkbox"/> PROVIDENCE <input type="checkbox"/> USCGA <input type="checkbox"/>
ARRIVAL DATE: _____ TIME: _____	DEPARTURE DATE: _____ TIME: _____
ARRIVAL VIA: PLANE* <input type="checkbox"/> TRAIN <input type="checkbox"/> AUTO <input type="checkbox"/> FERRY <input type="checkbox"/> BUS <input type="checkbox"/>	DEPARTING VIA: PLANE* <input type="checkbox"/> TRAIN <input type="checkbox"/> AUTO <input type="checkbox"/> FERRY <input type="checkbox"/> BUS <input type="checkbox"/>
*AIRLINE & FLIGHT # _____	*AIRLINE & FLIGHT # _____
CANDIDATE WILL <input type="checkbox"/> WILL NOT <input type="checkbox"/> REQUIRE EXTRA HOUSING AND MEALS ON DATE(S) _____ AND FUNDING/REIMBURSEMENT FOR HOUSING AND MEALS AN AIM REPRESENTATIVE WILL ARRANGE TO PICK UP AND RETURN CANDIDATE TO HIS / HER TRAVEL MODE ON PRESCRIBED DATES ONLY.	
III. AIM WEEK REQUIREMENTS CRITERIA	
THE FOLLOWING AIM WEEK REQUIREMENTS / CRITERIA HAVE BEEN DISCUSSED WITH THE CANDIDATE BY AN AUXILIARY CAREER COUNSELOR.	
AMPLE AND PROPER PERSONAL GEAR	YES <input type="checkbox"/> NO <input type="checkbox"/>
AMPLE MEAL, HOUSING, AND SPENDING MONEY	YES <input type="checkbox"/> NO <input type="checkbox"/>
PHYSICALLY FIT FOR STRENUOUS PARTICIPATION	YES <input type="checkbox"/> NO <input type="checkbox"/>
DOES CANDIDATE TAKE ANY MEDICATION?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If "yes", what kind and how often? _____	
DOES THE CANDIDATE WEAR CORRECTIVE LENSES?	
If "yes", glasses <input type="checkbox"/> and / or contact lenses <input type="checkbox"/>	
IV. WORKSHEET DISTRIBUTION	
BE SURE ALL COPIES ARE LEGIBLE	SEND COPIES TO: DIRECTOR OF ADMISSIONS, USCGA DVC-MA (DIVISION CHIEF) DSO-CC (DISTRICT STAFF) BC-MAS (BRANCH CHIEF ACADEMY SUPPORT)

AIM CANDIDATE TRAVEL WORKSHEET - CGAUX-20

- A. GENERAL**-This travel worksheet should be completed by the District Staff Career Coordinator, DSO-CC, for each AIM candidate's schedule.
- B. HEADER INFORMATION**
1. DATE-Enter date completed in DD/MM/YY format.
 2. FROM-Enter district submitting travel schedule.
 3. DSO-CC-Enter DSO-CC name, Home and Business telephone numbers.
- C. SECTION I-CANDIDATE INFORMATION**-ALL SPACES MUST BE FILLED IN.
1. Full Name-Enter the full name of the candidate (Last, First, Middle).
 2. Gender-Check the appropriate box.
 3. Score-Enter the candidate's total score.
 4. Address-Enter the candidate's complete mailing address.
 5. School#-Enter the candidate's school number.
 6. SSAN-Enter candidate's Social Security Administration Number.
 7. Parent(s)/guardian(s)-Enter the name, (H)ome and (B)usiness telephone number of the candidate's parent(s) or guardian(s).
- D. SECTION II-TRAVEL INFORMATION**-Complete this schedule for both travel to and from the Academy.
1. Check the last stop of candidate's commercial travel schedule, indicating location where the candidate is to be met.
 2. Arrival-Complete with the candidate's arrival date and time.
 3. Arrival Via-Indicate the candidate's travel method.
 4. Airline Flight#-Complete with the Airline name and flight number arriving at and departing from
 5. destination.
 6. Indicate if the candidate will require housing and meals because of travel connections and show the date(s) needed.
- E. SECTION III-AIM WEEK REQUIREMENTS CRITERIA**
1. All questions should have been discussed with the candidate. If this subject has not been discussed, it must be before traveling!
 2. If the candidate takes medication(s), indicate what the medication(s) is/are and frequency.
 3. If the candidate wears corrective lenses, check the appropriate box for glasses or contact lenses.
- F. SECTION IV-WORKSHEET DISTRIBUTION**
1. Distribute copies according to schedule included.

FINANCIAL REPORT OF AN AUXILIARY UNIT

ANSC # 7025

FINANCIAL REPORT OF AN AUXILIARY UNIT

CG-AUX-23 (REV 12-94)

REPORTING UNIT (NAME & NUMBER)

TYPE OF REPORT CIRCLE ONE
REGULAR RELIEF CORRECTED

TYPE OF UNIT CIRCLE ONE
DISTRICT DIV FLOTILLA

Do not enter real estate, equipment, inventory, or other property on this page. See reverse.

1. **BEGINNING BAL** 1/1/ _____
a. CK ACCOUNT \$ _____
b. SAV, CD's, \$ _____
c. TRUST FUNDS, \$ _____
d. OTHER cash ITEMS \$ _____

2. **Total Beginning Cash Items** \$ _____

3. CASH RECEIPTS

- a. Dues \$ _____
b. P/E Course Fees \$ _____
c. Cash Contributions \$ _____
d. Uniforms, flags, insignia \$ _____
e. Conferences, mtgs \$ _____
f. Other cash items, specify \$ _____
\$ _____

4. **Total Cash Receipts** \$ _____

5. **Total Cash Items & Receipts** \$ _____

6. CASH DISBURSEMENTS

- a. Dues (Dist/Div) \$ _____
b. P/E Expenses \$ _____
c. Uniforms, flags, insignia \$ _____
d. Conferences, mtgs \$ _____
e. Matl. & Equip \$ _____
f. Building repair/maint. \$ _____
g. Utilities \$ _____
h. Trophy's, Awards \$ _____
i. General disb. (specify) \$ _____
\$ _____

7. **Total Cash Disbursements** \$ _____

8. ENDING BALANCE 12/31/ _____

- a. CHECKING ACCOUNT \$ _____
b. SAVINGS, C/D's, & \$ _____
c. TRUST FUNDS \$ _____
d. OTHER cash ITEMS \$ _____

9. **Total Cash Items at Year End** \$ _____

I, the undersigned certify the above to be true and correct to the best of my knowledge and belief, and I accept responsibility for the same

FN _____
PREPARER

FC/DCP/DCO _____
APPROVAL

FN _____ DCO/DCP/FC _____
RELIEVING OFFICER RELIEVING OFFICER

AUDIT COMM IF REQUIRED

DIRECTOR

OVER

UNIT INVENTORY RECORD

ANSC # 7025

UNIT INVENTORY RECORD

A. List date and description of Real estate, equipment, inventory, Stocks and bonds, and other property purchased by the Unit.

Description:	Date
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

attach additional sheet if necessary.

B. List date and description of Real estate, equipment, inventory, Stocks and bonds, and other property donated or contributed to the Unit.

Description:	Date
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

Attach additional sheets if necessary.

C. List name of lender and description of equipment and other property on loan to you from the Coast Guard or other Government entities.

Description:	Name
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

Attach additional sheets if necessary.

I certify that the above listed property has been verified by me and is true and correct to the best of my knowledge. I the relieving Officer accept responsibility for the Unit inventory as stated above.

FC/DCP/DCO _____	DATE _____	FC/DCP/DCO _____	DATE _____
		RELIEVING OFFICER	
MA _____	DATE _____	MA _____	DATE _____
		RELIEVING OFFICER	
Audit Comm _____	DATE _____	Diraux _____	DATE _____
IF REQUIRED			

Due March 1, or according to District Policy. Distribution DIRAUX via DSO-FN

**INSTRUCTIONS FOR COMPLETION OF FINANCIAL REPORT OF AN
AUXILIARY UNIT AND UNIT INVENTORY RECORD CG-4750-1 (rev. 9-94)
FINANCIAL REPORT OF AN AUXILIARY UNIT**

- A. PURPOSE. The purpose of the Financial Report is to provide an annual accounting of all funds received, disbursed and retained by each unit and should be completed in conjunction with the annual audit of the unit financial records. The report is also used to transfer responsibility and accountability of unit funds upon change of Finance Officer and/or Unit Leader.
- B. INSTRUCTIONS. Complete unit identification and type of report.
1. Insert beginning year date for period of report being completed:
 - 1.a Total in all checking accounts at start of year;
 - 1.b Total money in all savings accounts, certificates of deposit, money markets and other similar accounts at beginning of year;
 - 1.c Total money in all Trust Funds at beginning of year;
 - 1.d Total of all other cash items at start of year, i.e. petty cash, cash on hand and un-deposited checks.
 2. Total of items 1a thru 1d.
 - 3.a Total of dues and assessments received during the year.
 - 3.b Total amount of Public Education course fees, custodial reimbursements, charges for books and materials, and other moneys collected from Public Education course students during the year.
 - 3.c Total of monetary contributions received during the year.
 - 3.d Total of moneys received during the year for uniforms, flags, insignia and other Auxiliary paraphernalia.
 - 3.e Total amount of moneys received during the year for conferences, registration fees, changes of watch, rendezvous and other Auxiliary functions
 - 3.f All other moneys received during the year not listed in 3a Thru 3e. Specify type of items, Attach separate list if necessary.
 4. Total of items 3a thru 3f.
 5. Total of items 2 and 4.
 - 6.a Total of all dues moneys paid during year to other Auxiliary units.
 - 6.b All moneys spent during the year for Public Education related expenses, including course books and materials, custodial fees, meeting room rentals, training aids, equipment, coffee, etc.:
 - 6.c All moneys spent during the year for uniforms, flags, insignia and other Auxiliary paraphernalia:
 - 6.d All moneys spent during year for conferences, meetings, change of watch, rendezvous and other Auxiliary functions
 - 6.e All moneys spent during year for material and equipment for any Auxiliary program, except Public Education;
 - 6.f All moneys spent during year for repair, maintenance or insurance for any building used for meetings, training or classrooms.

- 6.g All moneys spent during year for telephone, heat, light, power and other utilities incurred by the unit.
 - 6.h All moneys spent during year for trophies, awards and other items of recognition;
 - 6.i Other general disbursements. Specify items and total amount expended during year.
 - 7. Total of 6a thru 6i.
 - 8. Insert year-end date.
 - 8.a Total remaining at year-end in all checking accounts;
 - 8.b Total money at year-end in all savings, money markets, certificates of deposit and other similar accounts;
 - 8.c Total moneys at year-end in Trust Funds;
 - 8.d Total of all other cash items at year-end, i.e. petty cash, cash on hand, un-deposited checks and similar items;
 - 9. Total of 8a thru 8d. This should equal item 5 less item 7.
- SIGNATURE LINES. The financial report is to be signed by the preparer, who is normally the Unit Finance Officer, and by the Unit Leader as the approving authority. In the event that either the Finance Officer and/or Unit Leader is being relieved, the report is also to be signed by the appropriate relieving officers. If approved, it is to be signed by the Director and if required by unit or District policy, the report is also to be signed by the Audit Committee.

UNIT INVENTORY RECORD

- C. PURPOSE. The purpose of the Unit Inventory records to provide an annual accounting of all property and equipment that is owned by or in the custody of each unit and should be completed in conjunction with an annual physical inventory. The record is also used to transfer responsibility and accountability of the unit's property upon change of Material Officer and/or Unit Leader.

- D. INSTRUCTIONS.

A.1 thru A.10 list a description of all real estate, equipment, inventory, stocks and bonds and other property purchased by the unit with the date of purchase. (Attach additional sheets if necessary).

B.1 thru B.10 list a description of all real estate, equipment, inventory, stock and bonds and other property donated or contributed to the unit and the date of donation or contribution. (Attach additional sheets if necessary).

C.1 thru C.10 list a description of all equipment and other property loaned to the unit by the Coast Guard or any other government entities, together with the name of the lender. (Attach additional sheets if necessary).

SIGNATURE LINES. The unit inventory record is to be signed by the officer responsible for maintaining the inventory of unit property, normally the Materials Officer and it is also to be signed by the Unit leader as the approving authority. The unit inventory record also is to be signed by the appropriate relieving Officer, if applicable. The report is to be signed by the Director upon satisfactory review of the form and Audit or Inventory Committee, if one is required by local policy.

U.S. COAST GUARD AUXILIARY
ACTIVITY REPORT - MISSION

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CGAUX-26 (4-97)	U. S. COAST GUARD AUXILIARY ACTIVITY REPORT - MISSION	MISSION DATE <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">M M</td> <td style="width: 33%; text-align: center;">D D</td> <td style="width: 33%; text-align: center;">Y Y</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	M M	D D	Y Y			
M M	D D	Y Y						
SECTION I TYPE OF MISSION (Check one box only)								
TRADITIONAL MISSIONS <input type="checkbox"/> 01 SAFETY PATROL <input type="checkbox"/> 02 REGATTA PATROL <input type="checkbox"/> 03 CHART UPDATE PATROL <input type="checkbox"/> 04 PE INST (NO STATE OR YOUTH COURSES) <input type="checkbox"/> 06 MT INSTRUCTOR MISSION <input type="checkbox"/> 07 CG OPERATIONAL SUPPORT <input type="checkbox"/> 08 CG ADMIN SUPPORT <input type="checkbox"/> 09 AIM MISSION <input type="checkbox"/> 10 PUBLIC AFFAIRS MISSION <input type="checkbox"/> 11 MARINE DEALER VISITS <input type="checkbox"/> 12 PE INST (STATE & YOUTH COURSES) OTHER MISSIONS <input type="checkbox"/> 90 RAP MISSION <input type="checkbox"/> 91 CME/PWC/UPV/CFV <input type="checkbox"/> 92 AUXMIS II DATA ENTRY <input type="checkbox"/> 93	SURFACE OPERATIONS MISSIONS <input type="checkbox"/> 20 RADIO WATCHSTANDER <input type="checkbox"/> 21 OFFICER OF THE DAY DUTIES <input type="checkbox"/> 22 OPS TRAINING MISSION <input type="checkbox"/> 23 B-2 ALERT SAR STANDBY <input type="checkbox"/> 24 B-0 ALERT SAR STANDBY <input type="checkbox"/> 25 SAR CALLOUT <input type="checkbox"/> 26 CG CREW AUGMENTATION <input type="checkbox"/> 27 ELT MISSION <input type="checkbox"/> 28 MEP MISSION <input type="checkbox"/> 29 AUXILIARY RADIO NET MISSION <input type="checkbox"/> 30 AIDS TO NAV. MISSION - FEDERAL <input type="checkbox"/> 31 AIDS TO NAV. MISSION - PRIVATE <input type="checkbox"/> 32 BRIDGE <input type="checkbox"/> 33 PWC PATROL <input type="checkbox"/> 34 <input type="checkbox"/> 35	AGENCY SUPPORT MISSIONS <input type="checkbox"/> 41 FEDERAL AGENCIES <input type="checkbox"/> 42 STATE AGENCIES <input type="checkbox"/> 43 LOCAL AGENCIES <input type="checkbox"/> 44 <input type="checkbox"/> 45 AIR OPERATIONS MISSIONS <input type="checkbox"/> 50 SAR MISSION <input type="checkbox"/> 51 ELT MISSION <input type="checkbox"/> 52 MEP MISSION <input type="checkbox"/> 53 ICE OPS MISSION <input type="checkbox"/> 54 LOGISTICS MISSION <input type="checkbox"/> 55 TRAINING MISSION <input type="checkbox"/> 56 <input type="checkbox"/> 57 ENVIRONMENTAL MISSIONS <input type="checkbox"/> 71 ENFORCEMENT OF LAWS & TREATIES <input type="checkbox"/> 72 MARINE ENVIRONMENTAL PROTECTION						
SECTION II SUPPORT INFORMATION (Area with shaded border need only be completed for OPS Missions)								
LOCATION _____								
NO. ASSISTS _____	PATROL ORDERS 1 REIMB. 2 NONREIMB.	WATERS 1 NAVIGABLE 2 STATE						
TYPE FACILITY 1 VESSEL 2 RADIO 3 AIR 4 OTHER _____		FACILITY ID _____						
SECTION III MEMBER INFORMATION (Area with shaded border need only be completed for Air Missions)								
MEMBER NUMBER	LAST NAME	ROLE	HOURS					
			DAY	NIGHT	PREP TRAVEL	TRAINEE		
		1. LEAD				Y or N		
		2. ASSIST				Y or N		
		2. ASSIST				Y or N		
		2. ASSIST				Y or N		
		2. ASSIST				Y or N		
		2. ASSIST				Y or N		
		2. ASSIST				Y or N		
		2. ASSIST				Y or N		
		2. ASSIST				Y or N		
		2. ASSIST				Y or N		
		2. ASSIST				Y or N		
		2. ASSIST				Y or N		
		2. ASSIST				Y or N		
		2. ASSIST				Y or N		
		2. ASSIST				Y or N		
REMARKS								
MEMBER SIGNATURE: _____ Date _____						REPORT NUMBER		
NOTE: USE MEMBER ACTIVITY REPORT(CGAUX-31)FOR OTHER MISSIONS								

ACTIVITY REPORT-MISSION - CGAUX-26

A. GENERAL

1. The Activity Report-Mission (CGAUX-26) replaces the Mission-Hour Card (CG4947) used to report hours of activity on a particular mission.
 2. The Activity Report-Mission lists multi-mission in Section I and multi-member listings in Section III. However, **only one type of mission** and the participating members for that mission are to be reported for *one calendar day*. This entry does not mean a member cannot participate in more than one mission or mission type per day. Simply, each type of mission completed for that day is reported on a separate Activity Report-Mission form.
The total number of hours per member on a mission, plus preparation and travel time cannot exceed 24 hours in any one-calendar day.
 3. The activity reported on this form is entered into each member's record. The numbers listed in Section III as Role/Lead are credited toward the individual as well as the flotilla's objectives. All entries entered as Role/Assist are credited to individual records and are used to achieve individual goals or objectives.
 4. When more than one member participates in a mission, only the Role/Lead member should complete and sign the form. If additional space is needed, a second CGAUX-26 should be submitted and attached to the first one. If a second report is submitted, the Role/Lead member must not be repeated on the second "or subsequent" report.
 5. There are three categories to report the actual time required to complete a mission on the Activity report-Mission. Round off all time entries to whole hours.
 - a. MISSION TIME - The time spent on the actual mission.
 - (1) DAY-All mission hours are entered under this category, except as those listed below.
 - (2) NIGHT-Only night, as defined by Air Operations Policy, Air Operational hours are to be entered under this category.
 - b. PREPARATION TIME-The time taken to prepare for the mission.
 - c. TRAVEL TIME-The travel time required to get to the mission location and, after completing the mission, the travel time to return home.
- B. DATE**-Enter the mission's actual date. The date format to be entered is: MM/DD/YY, April 29, 1996 as 04/29/96.
- C. SECTION I-TYPE OF MISSION**-Mark the appropriate box for the type of mission being reported. *Only ONE BOX may be checked for this entire section.*

TRADITIONAL MISSIONS

- 01 SAFETY PATROL-Time spent on an underway mission conducted under Coast Guard orders with an Auxiliary Operational Facility and a qualified Auxiliary Coxswain and Crewmember on board. (Either Auxiliary, Active duty or Reserve).
- 02 REGATTA PATROL-Time spent on an underway mission for an organized regatta conducted under Coast Guard orders with an Auxiliary Operational Facility and a qualified Auxiliary Coxswain and Crewmember (either Auxiliary, Active duty or reserve) on board.
- 03 CHART UPDATE PATROL-Time spent on an underway mission for the purpose of verifying the accuracy and completeness of information published on charts and related navigation publications conducted under Coast Guard orders with an Operational Facility and a qualified Auxiliary Coxswain and Crew member (either Auxiliary, Active duty or Reserve) on board.
- 04 PE OTHER THAN STATE/YOUTH-Hours spent as the head instructor for an approved Public Education class, other than State and Youth Courses. (See category 12, for State/Youth.)
- 04A Lead Instructor must be qualified and listed on Lead line if a guest (non-Auxiliarist) instructor is used.
- 05 NOT USED

TRADITIONAL MISSIONS (Continued)

- 06 MT INSTRUCTOR MISSION-Hours spent as head/lead instructor for any Member Training activity, including specialty courses, boat crew training and basic qualification classes. See Category 04A for line entries.
Exception: Qualification Examiners hours providing boat crew training is reported as category 22.
- 07 CG OPERATIONAL SUPPORT-A service provided to operational Coast Guard units in support of Coast Guard programs, except those missions specified elsewhere in mission types (i/e. WS, DOD) and "training" for same. This mission does not involve the movement of an Auxiliary Facility. An Operational Support Mission (OSM) does not require a specific qualification.
- 08 CG ADMINISTRATIVE SUPPORT-Provide support to the Coast Guard in areas *other than* operations or recruiting. Must be authorized and can be conducted ashore or afloat. Assigned duty could be administrative or clerical (non-law enforcement).
- 09 AIM MISSION-A scheduled activity directly relating to the recruitment of Coast Guard Academy Cadets. All public appearances in support of the Auxiliary's Academy Introduction Mission (AIM). Time spent interviewing, counseling or selecting an AIM candidate. Missions must be performed in proper uniform.
- 10 PUBLIC AFFAIRS MISSION-Hours spent promoting the Coast Guard, Coast Guard Auxiliary or Coast Guard Reserve. Writing a news story or a magazine article, composing a display advertisement announcing a Public Education class or CME Station or writing copy for a Radio/TV program. Stories must be published and programs must be "aired" in order for the hours to be reportable. CME Station Time is reported in this category.
- 11 MARINE DEALER VISITS-Hours spent participating in the Marine Dealer Visitation Program by qualified Auxiliarists. A separate report must be made for each visit.
- 12 STATE AND YOUTH COURSES-Hours spent as head instructor for an approved State Public Education class and for Youth courses. See category 04A for line entries.

SURFACE OPERATIONS MISSIONS

- 20 RADIO WATCHSTANDER-Hours spent as a qualified watchstander at a Coast Guard Unit or Auxiliary fixed land or land mobile facility, when specifically requested by the Coast Guard. Wearing a beeper is not reportable. Only one operator is reportable per radio.
- 21 OFFICER OF THE DAY DUTIES-Hours spent as a qualified, JOD or OOD, Officer Of The Day at a Coast Guard unit either ashore or afloat.
- 22 OPS TRAINING MISSION-Hours spent on training missions involving operations. See category 04A for line entries.
- 23 B-2 ALERT SAR STANDBY-Time spent as being available within two hours for call out while under Coast Guard orders with an Auxiliary Operational Facility (Surface or Air) with a qualified Coxswain/Pilot and Crewmember.
- 23A Coxswain hours are reported as Lead. Crewmember hours are reported as Assist time.
- 24 B-O ALERT SAR STANDBY-Time spent standing by under Coast Guard orders with an Auxiliary Operational Facility (Surface or Air) with a qualified Coxswain/Pilot and Crewmember for immediate call out. See category 23A for line entries.
- 25 SAR CALL OUT-Time spent on a Search and Rescue call out involving surface or communication facilities. See category 23A for line entries.
- 26 CG CREW AUGMENTATION-Time spent serving as qualified crew on Coast Guard, not Auxiliary Vessels. All time is reported as Assist time only.
- 27 ELT SUPPORT MISSION-Enforcement of Laws & Treaties, time spent providing Afloat or Radio transmission support of a Coast Guard law enforcement mission such as transportation of law enforcement personnel or authorized intelligence gathering. See category 23A for line entries.

SURFACE OPERATIONS MISSIONS (CONTINUED)

- 28 MEP MISSION-Time spent providing afloat or radio transmission support to the Coast Guard in the area of Marine Environmental Protection. See category 23A for line entries.
- 29 AUXILIARY RADIO NET MISSION-Hours spent maintaining Coast Guard authorized Auxiliary Radio Nets and call-outs requested by the Coast Guard.
- 30 AIDS TO NAVIGATION MISSION-FEDERAL-Any time spent providing service to the Navigation as outlined in COMDTINST 16500.16A. See category 23A for line entries.
- 31 AIDS TO NAVIGATION-PRIVATE-Any time spent providing service to the Coast Guard in support of the Private Aids to Navigation Program as outlined in COMDTINST 16500.16a. See categories 23A for line entries.
- 32 BRIDGE ADMINISTRATION-Any time spent providing service to the Coast Guard's Bridge Administration in field support and augmentation, as outlined in the Memorandum of Understanding for Employment of the U.S. Coast Guard Auxiliary in Support of the Coast Guard Bridge Administration Program. See category 23A for line entries.
- 33 PWC PATROL-Time spent using an authorized Personal Watercraft on (PWC) patrols.
- 34 NOT USED. 35 NOT USED

AGENCY SUPPORT MISSIONS

- 41 FEDERAL AGENCIES-Hours spent providing non-operational support to other Federal agencies, such as Customs, Corps of Engineers and NOAA, as requested and authorize by the Coast Guard. See category 23A for line entries.
- 42 STATE AGENCIES-Hours spent providing support to State agencies, such as the department of Natural Resources, State Police and Marine Patrols, as requested and authorized by the Coast Guard. See category 23A for line entries.
- 43 LOCAL AGENCIES-Hours spent providing support to local agencies, such as local police, sheriff's offices, fire/rescue and Harbormasters, as requested and authorized by the Coast Guard.
- 44 NOT USED 45 NOT USED

AIR OPERATIONS MISSIONS

- 50 SAR MISSION-Time spent on a Search and Rescue call out for air support is the air equivalent to a vessel safety patrol.
- 50A Pilot hours are reported on Lead line. Crewmember hours are reported on Assist line.
- 51 ELT SUPPORT MISSION-Enforcement of Laws & Treaties, time spent on air support of a Coast Guard law enforcement mission such as transportation of law enforcement personnel or authorized intelligence gathering. See category 50A for line entries.
- 52 MEP MISSION-Time spent in air support of the coast Guard in the area of Marine F. Environment Protection. See category 50a for line entries.
- 53 ICE OPERATIONS MISSION-Time spent providing air support to the Coast Guard for ice patrol operations. See category 50A for line entries.
- 54 LOGISTICS MISSION-Hours spent in logistical transportation. Must be authorized and conducted under Coast Guard orders. See category 50A for line entries.
- 55 AIR TRAINING MISSIONS-Hours spent on air operations training. See Category 50A for line entries.
- 56 NOT USED 57 NOT USED

ENVIRONMENTAL MISSIONS

- 71 ENFORCEMENT OF LAWS & TREATIES-Enforcement of Laws & Treaties, time spent providing support to a Coast guard law enforcement mission which does not involve the movement of an Auxiliary facility. See category 23A for line entries.
- 72 MARINE ENVIRONMENTAL PROTECTION-Time spent providing support to the Coast Guard in the area of Marine Environmental protection, which does not involve the movement of an Auxiliary Facility.

OTHER MISSIONS

- 90 RAP MISSION-Scheduled hours spent participating in the Coast Guard Recruiting Assistance Program (RAP).
- 91 CME/PWC/UPV/CFV-Hours spent by qualified examiners in the following marine examination programs; Courtesy Marine Examination, Personal Watercraft Safety Check, Uninspected Personal Vessel and Commercial Fishing Vessel. A Vessel Examination Form (CGAUX-29, Rev 1-97) must also be submitted.
- 92 AUXMIS DATA ENTRY-Time spent entering data into the **AUXMIS** computer System.

93 NOT USED

D. SECTION II SUPPORT INFORMATION

1. LOCATION-Enter city, state or body of water for mission location. Include Mile Number's for river operation.
The following information is entered for Operational Missions only. (Shaded Area)
2. NO ASSISTS-Enter number of assists provided during mission.
3. PATROL ORDERS-Circle whether orders are Reimbursable or Nonreimbursable.
4. WATERS-Circle whether waters are classified as Navigable or State.
5. TYPE FACILITY-Circle type of facility used on this mission.
6. FACILITY ID-Enter the facility ID numbers.

E. SECTION III-MEMBER INFORMATION

1. MEMBER NUMBER-Enter the member number of each Auxiliarist who participated in this mission. *The first line should be the LEAD MEMBER for this mission, (i.e. Coxswain, Lead Instructor, Pilot in Command.)*
2. LAST NAME-Enter each member's last name and their initials.
3. ROLE-Already completed. *(Lead is for the Head Instructor, Patrol Coxswain or Pilot.)*
4. HOURS-Enter whole hours only for the following categories:
 - a. DAY-Enter the total actual hours on this mission. For Air Ops Mission, use daylight hours only.
 - b. NIGHT-Enter night hours only for an AIR OPS Mission.
 - c. PREP-Enter mission preparation time for this mission.
 - d. TRAVEL-Enter the travel time from home to where the mission starts and ends and return to home.
 - e. TRAINEE-Circle members listed on the mission, if they are present in a trainee status.
1. Remarks-Use this space to enter any additional other relevant mission information pertaining to this mission. Put Patrol Order Number in this section.
2. MEMBER SIGNATURE-Signature of the LEAD Member submitting this form. Enter date member signed form.
3. REPORT NUMBER-Member should number reports consecutively for the calendar year and in accordance with district policy.

U.S. COAST GUARD AUXILIARY
PUBLIC EDUCATION COURSE REPORT

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CGAUX-28 (4-97)		U. S. COAST GUARD AUXILIARY					
PUBLIC EDUCATION COURSE REPORT							
UNIT NUMBER			DATE BEGAN: MM DD YY			DATE ENDED: MM DD YY	
0000							
CHECK COURSE GIVEN				CHECK COURSE GIVEN			
<input type="checkbox"/> 01 ADVANCED COASTAL NAVIGATION				<input type="checkbox"/> 02 BASIC COASTAL NAVIGATION			
<input type="checkbox"/> 03 BS&S 13 LESSON				<input type="checkbox"/> 04 BS&S 6 LESSON CORE			
<input type="checkbox"/> 05 BS&S 7 TO 9 LESSON COURSE				<input type="checkbox"/> 06 BS&S 10 TO 12 LESSON COURSE			
<input type="checkbox"/> 07 BOATS N' KIDS				<input type="checkbox"/> 08 BOATING SAFELY 4 LESSON COURSE			
<input type="checkbox"/> 09 WATER N' KIDS				<input type="checkbox"/> 10 AUTHORIZED ONE LESSON COURSE			
<input type="checkbox"/> 11 S & S 14 LESSON COURSE				<input type="checkbox"/> 12 S&S 7 LESSON COURSE			
<input type="checkbox"/> 13 PWC COURSE				<input type="checkbox"/> 14 STATE BOATING COURSE			
<input type="checkbox"/> 15 MARINE ENVIRONMENTAL EDUCATION				<input type="checkbox"/> 16			
<input type="checkbox"/> 17				<input type="checkbox"/> 18			
<input type="checkbox"/> 19				<input type="checkbox"/> 20			
COURSE DATA							
<input type="text"/> TOTAL NUMBER OF ENROLLEES				<input type="text"/> NUMBER OF GRADUATES			
<input type="text"/> NUMBER TAKING FINAL EXAM				<input type="text"/> NUMBER GRADUATES 17 & UNDER			
<input type="text"/> ENROLLEES 17 & UNDER							
<input type="text"/> STATE CLASS CONDUCTED							
REPORTING MEMBER NUMBER <input type="text"/>				REPORTING MEMBER SIGNATURE _____			

ANSC 7033

PUBLIC EDUCATION COURSE REPORT - CGAUX-28

A. GENERAL-This report is used to report the flotilla's activity in Public Education. A separate report must be completed for each course completed.

B. SECTION I.

1. UNIT NUMBER-Enter the seven digit unit number (district, division and flotilla numbers).
2. DATE BEGAN-Enter course beginning date in MM/DD/YY format.
3. DATE ENDED-Enter date the course ended in MM/DD/YY format.

C. COURSES GIVEN

1. ADVANCED COASTAL NAVIGATION-Check if this course was completed.
2. BASIC COASTAL NAVIGATION-Check if this course was completed.
3. BS&S 13 LESSON-Check if the 13 lesson course was completed.
4. BS&S 6 LESSON CORE-Check if only the 6 lesson course was completed.
5. BS&S 7 TO 9 LESSON COURSE-Check if one to three more than 6 lessons were given.
6. BS&S 10 TO 12 LESSON COURSE-Check if four to six more than 6 lessons were given.
7. BOATS'N KIDS-Check if the Boats'N Kids course was given.
8. BOATING SAFELY 4 LESSON COURSE-Check if the course was completed.
9. WATER'N KIDS-Check if this course was given.
10. AUTHORIZED ONE LESSON COURSE-Check if any lesson of an approved public education course was given. The lesson must be taught exactly as it appears in the Auxiliary materials. The mixing of different chapters into a hybrid lesson is not allowed.
11. S&S 14 LESSON-Check if the complete course was given.
12. S&S 7 LESSON-Check if only the first 7 lessons were given.
13. PWC COURSE-Check if the course was given.
14. STATE BOATING COURSE-Check if an approved State Boating Course was given.
15. MARINE ENVIRONMENTAL EDUCATION-Check if an approved course was given.

D. SECTION H-COURSE DATA

1. TOTAL NUMBER OF ENROLLEES-Enter the total number enrolled.
2. NUMBER TAKING FINAL EXAM-Enter the number of students taking examination(s). For BS&S courses of more than 6 lessons but less than 13, report the number passing the examination that includes the core lessons.
3. NUMBER OF GRADUATES-Enter the number of students passing the examination(s).(s). for BS&S courses of more than 6 lessons but less than 13, report the number passing the examination that includes the core lessons.
4. ENROLLEES 17 & UNDER-Enter the number of students 17 years of age or less.
5. NUMBER OF GRADUATES 17 & UNDER-Enter the number passing the examination.
6. STATE CLASS CONDUCTED-Enter the two letter abbreviation for the state in the box.

E. SECTION III

1. REPORTING MEMBER NUMBER-Enter the reporting member's number.
2. REPORTING MEMBER SIGNATURE-Signature of the reporting member.

DEPARTMENT OF
TRANSPORTATION
U.S. COAST GUARD
CGAUX-29 (4-97)

SECTION I MEMBER DATA**SECTION II VESSEL INFORMATION:**

SECTION III TOTALS:

Examiner's Signature _____ SHEET NO.

VESSEL EXAMINATION - CGAUX-29

- A. GENERAL**-This form is used to report the completion of Examinations under the VE Program and to enter into each Examiner's record, the number of examinations given and passed during the year. Each examiner's totals are automatically added to the member's flotilla, division and district totals.

DO NOT USE THIS FORM TO REPORT VESSEL FACILITY EXAMINATIONS-Vessel Facility inspections are reported on Form CG-2736. The examiner receives credit for the inspection from that form.

B. SECTION I-MEMBER DATA

1. REPORT DATE-Enter the date in MM/DD/YY format(01/01/97).
2. TYPE OF EXAMINATION-Check the appropriate box. CME-Courtesy Marine Examination. PWC-Personal Water Craft, CFV-Commercial Fishing Vessel, UPV-Uninspected Passenger Vessel (NOTE: Only one type of examination is allowed per form submitted).
3. MEMBER NUMBER-Report Examiner Here-Enter the 10 digit member number of the Examiner's name. The Trainee status must have been completed.
4. MEMBER NUMBER-Report Any Trainees Here-Enter the 10 digit member number of the Trainee and the Trainee's name. The Trainee must complete Five successive inspections to qualify for V.E. status.

C. SECTION II-VESSEL INFORMATION

1. DATE OF EXAMINATION-Date of the vessel examination.
2. LOCATION OF EXAMINATION-Give the name of the City or the body of Water.
3. REGISTRATION OR DOCUMENTATION NUMBER-Enter the vessel's registration or documentation number.
4. CHECK IF PASSED-Check this box if a decal is awarded.
5. LIST ITEM NUMBERS THAT ARE NOT IN COMPLIANCE-List the corresponding item number on the AUX 204 or 204A for the non-compliance items.
6. LENGTH-Enter the vessel's length in feet as indicated on its registration card.

D. SECTION III-TOTALS

1. EXAMINATIONS GIVEN THIS SHEET-Enter the total of all examinations reported on this form. Remember, only one type of examination is allowed per form submitted.
2. EXAMINATIONS PASSED THIS SHEET-Enter the total number of examinations passed on this form. Remember, only one type of examination is allowed per form submitted. (CME's on one sheet, PWC's on another sheet, no mixing.)
3. EXAMINER'S SIGNATURE-Examiner signs form here.
4. SHEET NUMBER-This box available for member's use. Number forms sequentially.

U.S. COAST GUARD AUXILIARY
WORKSHOP ATTENDANCE REPORT

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CGAUX-30 (4-97)	U. S. COAST GUARD AUXILIARY WORKSHOP ATTENDANCE REPORT		
SECTION I WORKSHOP TYPE			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> 01 INSTRUCTOR</div> <div style="width: 33%;"><input type="checkbox"/> 06 AIR OPERATIONS</div> <div style="width: 33%;"><input type="checkbox"/> 11 MEMBER RESOURCES</div> <div style="width: 33%;"><input type="checkbox"/> 02 NATIONAL TRAINING</div> <div style="width: 33%;"><input type="checkbox"/> 07 SEXUAL HARASSMENT AWARENESS</div> <div style="width: 33%;"><input type="checkbox"/> 12 PUBLIC AFFAIRS</div> <div style="width: 33%;"><input type="checkbox"/> 03 OPERATIONS</div> <div style="width: 33%;"><input type="checkbox"/> 08 CAREER COUNSELOR</div> <div style="width: 33%;"><input type="checkbox"/> 13 COMMUNICATIONS</div> <div style="width: 33%;"><input type="checkbox"/> 04 CIVIL RIGHTS</div> <div style="width: 33%;"><input type="checkbox"/> 09 INFORMATION SERVICES</div> <div style="width: 33%;"><input type="checkbox"/> 14 ATON / A / V</div> <div style="width: 33%;"><input type="checkbox"/> 05 VESSEL EXAMINATION</div> <div style="width: 33%;"><input type="checkbox"/> 10 MARINE DEALER VISITOR</div> <div style="width: 33%;"><input type="checkbox"/> 15 _____</div> </div>			
WORKSHOP DATE: MM DD YY ATTENDANCE HOURS			
SECTION II ATTENDEES			
MEMBER NUMBER	LAST NAME	FIRST NAME	TRAINEE
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>			Y or N
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>			Y or N
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>			Y or N
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>			Y or N
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>			Y or N
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>			Y or N
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<div style="border: 1px solid black; height: 15px; width: 100%;"></div>			Y or N
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>			Y or N
INSTRUCTOR MEMBER NUMBER			
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>			
Instructor Signature		Date	

WORKSHOP ATTENDANCE REPORT - CGAUX-30

- A. GENERAL**-This form is to be used to report all required National Workshops.
- B. SECTION I-WORKSHOP TYPE**-Place a check in the appropriate box next to the national workshop given. Some of the workshops listed are under development.
1. WORKSHOP DATE-Enter the date in MM/DD/YY format.
 2. ATTENDANCE HOURS-Enter the lapsed time, in hours, for the workshop.
- C. SECTION II-ATTENDEES**-Enter the names of each attendee and on the last line enter the Instructor's name also as an attendee.
1. Member Number-Enter the member number of each attendee.
 2. Last Name-Enter the last name of each attendee.
 3. First Name-Enter the first name of each attendee.
 4. Trainee-Circle either **(Y)**es or **(N)**o for trainee status.
If attendance is required of attendees be certain to circle **(Y)**es.
 5. Instructor's Signature-the Instructor signs on this line.
 6. Date-Instructor enters the date of the report in MM/DD/YY/format.

[illegible]

MEMBER ACTIVITY REPORT - CGAUX-31

- A. GENERAL**-This form is used to record hours spent on Auxiliary activities not reportable on CGAUX-26, Activity Report-Mission.
- B. SECTION TYPE OF MISSION**-All time reported on this form will be Mission Type 99, which is already completed.
1. MEMBER-Enter your 10-digit member number.
 2. NAME-Enter your full name as currently listed in AUXMIS.
- C. SECTION H-MISSION INFORMATION**
1. DATE-Enter the date you performed the mission/activity (MM/DD/YY, 01/10/97).
 2. TYPE/LOCATION OF MISSION-Briefly state the type and location of Auxiliary related missions/activities *otherwise reported* on the Mission Activity Report, CGAUX-26. Examples of types of mission/activity hours reported are, but not limited to, the following;
 - a. Time spent attending all levels of Auxiliary meetings.
 - b. Time spent attending all Auxiliary Workshops and Training sessions.
 - c. Time spent performing Elected & Staff Officer duties.
 - d. Time spent performing Auxiliary Committee duties.
 - e. Time spent coordinating activities with other agencies/organizations.

** Time spent includes; Mission, Preparation & Travel as stated in the next paragraph.*
 3. HOURS-The actual time spent performing a particular mission/activity; time is entered in whole hours, rounded to the nearest hour (Less than 30 minutes = zero).
 - c. Mission-Enter the actual time spent on the mission/activity.
 - d. Preparation-Enter the time spent preparing for the mission/activity.
 - e. Travel-Enter travel time from home to the mission/activity and return.
 - f. Total-Enter the total time accumulated for this particular mission/activity.
 4. 24 HOUR MISSION/ACTIVITY-For this report only, when an Auxiliarist spends time on a mission/activity which lasts over 24 hours, all mission/activity, preparation and travel hours are reportable from the time the Auxiliarist leaves home until returning home again. Time spent sleeping or attending social functions is not reportable. National School, National and District meetings, workshops and training sessions that last several days, are some examples of when an Auxiliarist would report total time spent. When an Auxiliarist participates in a mission/activity and leaves and returns home on the same day, only the time spent away from home on the mission/activity would be reported.
 5. TOTAL HOURS (CANNOT EXCEED 99 HOURS)-Enter the sum of the total hours column.
 6. MEMBER'S SIGNATURE-Sign your name as entered on the form.
 7. REPORT NUMBER-Forms should be consecutively numbered for the year. (001,002, etc.)

U.S. COAST GUARD AUXILIARY
ENROLLMENT APPLICATION

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CGAUX-32 (4-97)	U. S. COAST GUARD AUXILIARY ENROLLMENT APPLICATION (See Instructions and Privacy Act Statement on back of this form)	FLOTILLA NUMBER
SECTION I PERSONAL DATA OF APPLICANT		
NAME LAST, FIRST, MIDDLE INITIAL _____		
CHECK <input type="checkbox"/> M <input type="checkbox"/> F	MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____	
BOAT PHONE _____ BUSINESS PHONE _____ CELLULAR PHONE _____		HOME PHONE _____ FAX NUMBER _____ PAGER _____
OCCUPATION _____ RETIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	SOCIAL SECURITY NO. _____ DATE OF BIRTH M M / D D / Y Y _____	SPOUSE NAME _____
How do you describe yourself? (If you care to do so) Choose only one <input type="checkbox"/> White or Caucasian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Asian American or Pacific Islander		
IN CASE OF EMERGENCY THE PERSON TO CONTACT IS: NAME _____ RELATIONSHIP _____ MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONES: HOME _____ BUS _____ OTHER _____		
SECTION II CERTIFICATION OF APPLICANT		
I am a U.S. Citizen. <input type="checkbox"/> YES <input type="checkbox"/> NO	My place of birth is:	CITY _____ STATE _____ COUNTRY _____
and if naturalized Date _____	Court location _____	Docket # _____
I have ____ have not ____ been convicted of a violation of any law of the United States, any State, possession or territory, the District of Columbia or the Commonwealth of Puerto Rico classified as a felony. I affirm under the penalties of perjury as to the truth of all the statements contained in this application and authorize verification for the official use of the U.S. Coast Guard or U.S. Coast Guard Auxiliary. I understand that any false statement contained herein is grounds for my disenrollment from the U.S. Coast Guard Auxiliary.		
I PLEDGE TO SUPPORT THE U.S. COAST GUARD AUXILIARY AND ITS PURPOSES AND ABIDE BY THE GOVERNING POLICIES ESTABLISHED BY THE COMMANDANT OF THE U.S. COAST GUARD.		
SIGNATURE OF APPLICANT _____		DATE _____
SECTION III FLOTILLA CERTIFICATION AND ATTACHMENTS		
APPLICATION TYPE: <input type="checkbox"/> NEW <input type="checkbox"/> RE-ENROLLMENT	PREVIOUS MEMBER NO. _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO CGAUX-1 ATTACHED	QUALIFICATION TEST	
<input type="checkbox"/> YES <input type="checkbox"/> NO CGAUX-2 ATTACHED	DATE _____ SCORE _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO PRIVACY ACT STATEMENT READ (Privacy Act Statement on reverse side)	<input type="checkbox"/> YES <input type="checkbox"/> NO FACILITY OWNER	
	<input type="checkbox"/> YES <input type="checkbox"/> NO SPECIAL TRAINING OR EXPERIENCE	
<input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL (If Disapproved state reason on separate sheet of paper and attach)		
FLOTILLA COMMANDER SIGNATURE _____		DATE _____ FLOTILLA NUMBER _____
SECTION IV DIRAUX ENDORSEMENT		
MEMBER NUMBER) _____	DATE OF ENROLLMENT M M / D D / Y Y _____	BASE ENROLLMENT DATE M M / D D / Y Y _____
APPLICANT IS ACCEPTED AS A MEMBER (Note if application is not accepted, explain in detail on a separate piece of paper and attach)		
DIRAUX SIGNATURE _____		DATE _____

INSTRUCTIONS FOR COMPLETING THIS APPLICATION - CGAUX-32

1. General-Everyone requesting membership in the U.S. Coast Guard Auxiliary must complete this form.
 - a. Read all instructions carefully.
 - b. This form is used to enter new member personal data into AUXMIS.
 - c. Data from this form are reported in detail with the exception of Date of Birth and Social Security Administration Number on the flotilla roster and Member Summary and Status Report.
2. FLOTILLA NUMBER-Enter the seven digit number of the flotilla submitting this application. Completed by the FC/FSO-MR.
3. SECTION I PERSONAL DATA OF APPLICANT-*To be completed by Applicant.*
 - a. LAST NAME-If JR., SR., or Numbers are used, include in this block.
 - b. FIRST NAME AND MIDDLE INITIAL-Enter as normally written.
 - c. CHECK-One of the gender boxes.
 - d. MAILING ADDRESS-Enter current mailing address.
 - e. CITY-Enter name of city where address is located. If residence is outside the United States, also enter country.
 - f. STATE-Use the official two-letter postal code. Leave blank if outside the United States.
 - g. ZIP CODE-Use current five numbers. Add ZIP+4 when known.
 - h. TELEPHONES-Enter area code and telephone numbers(s).
 - i. OCCUPATION-Enter present occupation or indicate previous occupation, check box as to status.
 - j. SOCIAL SECURITY ADMINISTRATION NUMBER-Enter SSAN(See 1c above).
 - k. DATE OF BIRTH-Enter DOB using MM/DD/YY numeric format, 06/18/30 (See 1c above). Membership eligibility begins at 17 years of age.
 - l. SPOUSE'S NAME-Use spouse's given name-no nicknames.
 - m. ETHNIC GROUP(**Optional**)-Check box which describes your ethnic group.
 - n. EMERGENCY CONTACT-Enter name, address, telephone numbers with Area Codes and contact's relationship.
4. SECTION II CERTIFICATION OF APPLICANT-*To be completed and signed by applicant.*
 - a. CITIZENSHIP-Enter city, state and country of birth. Auxiliary members must be U.S. citizens.
 - b. FELONY CONVICTIONS-Check appropriate answer to conviction statement. A Felony Conviction within the past ten(10) years ago may be waived by the Director of Auxiliary and applicant will be contacted for more information. Review application and data to ensure accuracy, then sign using full name and enter date.
5. SECTION III FLOTILLA CERTIFICATION AND ATTACHMENTS-*To be completed by the FC or FSO-MR.*
 - a. APPLICATION TYPE-Check whether applicant is a new member or re-enrolling. If re-enrolling, provide previous member number.
 - b. CHECK-OFF LIST-Check all appropriate boxes. Note: If facility owner, submit applicable facility inspection form, Vessel(CG-2736), Radio(CG-2736A) or Aircraft(CG-2736B) with this application. If applicant possesses special training or experience, add information on a separate sheet. If applicant is willing to be trained and participate in any Auxiliary program, this information should be included.
 - c. FLOTILLA COMMANDER RECOMMENDATION-The Flotilla Commander must check appropriate box, sign and date application. If disapproval is recommended, the reason(s) must be stated on a separate sheet. If applicant is willing to be trained and participate in any Auxiliary program, this information should be included.
6. SECTION IV DIRAUX ENDORSEMENT-*To be completed by the Director of Auxiliary.*
 - a. Enter the new member number, date of enrollment and base enrollment date (MM/DD/YY). Sign and Date.
 - b. If disapproved, reason(s) must be stated on a separate sheet of paper and attached to the application. A letter explaining the reason(s) for disapproval is sent to the applicant, with a copy to the Flotilla Commandar.

PRIVACY ACT STATEMENT

In accordance with 5 USC 552(a)(e), the following information is provided to you when supplying personal information to the United States Coast Guard.

1. AUTHORITY which authorized the solicitation of the information: 14 USC Sec 823.
2. PRINCIPAL PURPOSE(S) for which information is intended to be used: To establish eligibility for enrollment and a record for the individual in the Auxiliary Management Information System.
3. THE ROUTINE USES which may be made of the information: Provide identification, address and personal information to the following: (1) Directors of Auxiliary. (2) Members of Auxiliary. (3) Coast Guard Institute. (4) NOAA.
4. WHETHER OR NOT DISCLOSURE of such information is mandatory or voluntary (required by law or optional) and the effects on the individual, if any, of not providing all or any part of the requested information: Disclosure of this information is voluntary, but failure to provide information will prevent enrollment of the person in the Auxiliary.

U.S. COAST GUARD AUXILIARY
CHANGE OF MEMBER INFORMATION

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CGAUX-33 (4-97)	U. S. COAST GUARD AUXILIARY <h2 style="margin: 0;">CHANGE OF MEMBER INFORMATION</h2>								
PRESENT MEMBER INFORMATION (Always complete this line)									
MEMBER NUMBER <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	NAME: LAST, FIRST AND MIDDLE INITIAL <div style="border: 1px solid black; width: 300px; height: 20px; margin-top: 5px;"></div>								
ENTER ONLY THE CHANGE INFORMATION BELOW THIS LINE									
NAME: LAST, FIRST AND MIDDLE INITIAL <div style="border: 1px solid black; width: 300px; height: 20px; margin-top: 5px;"></div>									
SPOUSE NAME <div style="border: 1px solid black; width: 300px; height: 20px; margin-top: 5px;"></div>									
ADDRESS: STREET <div style="border: 1px solid black; width: 300px; height: 20px; margin-top: 5px;"></div>									
<div style="display: flex; justify-content: space-between;"> CITY STATE ZIP </div> <div style="border: 1px solid black; width: 300px; height: 20px; margin-top: 5px;"></div>									
PHONES: 1. H: () 2. B: () EXT. 3. FAX () <div style="border: 1px solid black; width: 300px; height: 20px; margin-top: 5px;"></div>									
4. BOAT () 5. PAGER () 6. CELL () 7. EMAIL <div style="border: 1px solid black; width: 300px; height: 20px; margin-top: 5px;"></div>									
MAIL LIST:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;">NATIONAL</td> <td style="text-align: center; padding: 5px;">DISTRICT</td> <td style="text-align: center; padding: 5px;">DIVISION</td> <td style="text-align: center; padding: 5px;">FLOTILLA</td> </tr> <tr> <td style="padding: 5px;"> <input type="checkbox"/> ADD <input type="checkbox"/> DELETE </td> <td style="padding: 5px;"> <input type="checkbox"/> ADD <input type="checkbox"/> DELETE </td> <td style="padding: 5px;"> <input type="checkbox"/> ADD <input type="checkbox"/> DELETE </td> <td style="padding: 5px;"> <input type="checkbox"/> ADD <input type="checkbox"/> DELETE </td> </tr> </table>	NATIONAL	DISTRICT	DIVISION	FLOTILLA	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE
NATIONAL	DISTRICT	DIVISION	FLOTILLA						
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE						
IN CASE OF EMERGENCY THE PERSON TO CONTACT IS: NAME _____ RELATIONSHIP _____ CITY _____ STATE _____ ZIP _____ PHONES: H: _____ B: _____ CELL: _____									
OCCUPATION: <div style="border: 1px solid black; width: 300px; height: 20px; margin-top: 5px;"></div>									
MEMBER SIGNATURE <div style="border: 1px solid black; width: 250px; height: 20px; margin-top: 5px;"></div>	DATE <div style="border: 1px solid black; width: 50px; height: 20px; margin-top: 5px;"></div>								
<div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>									

ANSC # 7028

CHANGE OF MEMBER INFORMATION-CGAUX-33

- A. GENERAL**-This form is used to enter permanent changes to a member's personal information on record with the U.S. Coast Guard Auxiliary.
- B. PRESENT MEMBER INFORMATION**-*This line must always be completed.* Enter your present Auxiliary member number and name exactly as it appears in the Quarterly Roster or Annual Member Summary and Status Report.
- C. ONLY FILL IN THE INFORMATION REQUIRING CHANGES IN THE FOLLOWING BLOCKS.** If the information is not to be changed, leave the block or box blank; If information is to be deleted, write "delete" in the appropriate box.
1. LAST NAME-If JR., SR. or Numerals are used, include them in this block.
 2. FIRST NAME AND MIDDLE INITIAL-Enter normal as written, (Jo Ann M., Macann R., etc.).
 3. SPOUSE'S NAME-Use spouse's given name, **no** nicknames. If not applicable, enter N/A.
 4. STREET-Enter *new* street or P.O. Box address.
 5. CITY-Enter *new* city where street or P.O. Box is located. Enter the country after city if the residence is outside the United States.
 6. STATE-Enter *new* official two-letter postal designation. If residence is outside the United States-leave blank.
 7. ZIP-Enter *new* five number ZIP code, plus ZIP+4, if known (63128-1903).
 8. TELECOMMUNICATIONS-Enter any *new* telephone numbers and E-mail addresses or "delete" to remove.
 9. MAIL LIST-Check the appropriate box to *change* whether to Add/Delete mail from the indicated Auxiliary level.
 10. EMERGENCY CONTACT-Enter new name, address, telephone number with Area Code and relationship of person to be contacted.
 11. OCCUPATION OR STATUS-Enter *new* occupation or status.
 12. SIGNATURE AND DATE-Signature as normally written and date.
 13. REPORT NUMBER-Consecutively number for your reference. (001,002, etc.)

PRIVACY ACT STATEMENT

In accordance with 5 USC 552a(e)(3), the following information is provided to you when supplying personal information to the United States Coast Guard.

1. AUTHORITY which authorized the solicitation of the information: 14 USC Sec 823
2. **PRINCIPAL PURPOSE(S)** FOR WHICH INFORMATION IS INTENDED TO BE USED: To establish eligibility for enrollment and a record for the individual in the Auxiliary Information Management System.
3. **THE ROUTINE USES** which may be made of the information: Provide identification, address and personal information to the following:
(1) Directors of Auxiliary. (2) Members of the Auxiliary.
4. **WHETHER OR NOT DISCLOSURE** of such information is mandatory or voluntary (required by law or optional) and the effects on the individual, if any, of not providing all or any part of the requested information: Disclosure of this information is voluntary, but failure to provide information will prevent enrollment of the person in the Auxiliary.

U.S. COAST GUARD AUXILIARY MEMBER QUALIFICATIONS

[illegible]

ANSC # 7057

MEMBER QUALIFICATIONS-CGAUX-34

A. GENERAL

1. This form is for use by a Director's Office (DIRAUX) to provide a method for forwarding to the AUXMIS district data entry personnel, the date of status and qualification changes and to record the receipt of awards and decorations in MM/DD/YY format.
2. The correct SECTION is selected and the appropriate line completed. The completed form is forwarded to AUXMIS data entry personnel who process the form. The form is then returned to the Director's office for inclusion in the member's file or for inclusion in a file of processed forms. Any new qualifications and status categories may be written in the blank lines provided in each section. The AUXMIS abbreviations to be used will be provided by the CG Headquarters National AUXMIS Manager.

U.S. COAST GUARD AUXILIARY
CHANGE OF MEMBERSHIP STATUS

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CGAUX-36 (4-97)	U. S. COAST GUARD AUXILIARY CHANGE OF MEMBERSHIP STATUS
SECTION I - To be completed by Flotilla Commander	
To: LAST NAME _____	FIRST NAME AND MIDDLE INITIAL _____
MEMBER NUMBER _____	
As provided in the Auxiliary Manual, COMDTINST 16790.1 (Series), you will be recommended for disenrollment from the Auxiliary for non-payment of Financial Obligations for or since the year 19____ amounting to \$ _____, unless the full amount is received by your Flotilla Commander within thirty (30) days from the date of this notice. You will not be eligible to remain a member of this flotilla, transfer to another flotilla or seek Retired Member status, until your financial obligations are met.	
_____ Flotilla Commander	_____ Date of Notice
SECTION II - To be completed by Member	
To: FLOTILLA _____	Date: _____
<input type="checkbox"/> An amount to pay my Financial Obligation is enclosed. I want to remain in Flotilla _____.	
<input type="checkbox"/> I desire Retired Member status. My date of enrollment is _____.	
<input type="checkbox"/> I desire to transfer to Flotilla _____ in this District. (Complete MEMBER TRANSFER REQUEST, CGAUX-4, and attach to this form.)	
<input type="checkbox"/> I desire to disenroll. * My reason is: _____	
<input type="checkbox"/> * My membership card is enclosed. Member signature _____	
SECTION III - To be completed by Flotilla Commander	
To: DSO-MR _____	
<input type="checkbox"/> Recommend disenrollment effective _____ <input type="checkbox"/> for Non-payment of Financial Obligations. <input type="checkbox"/> at Member's Request.	
<input type="checkbox"/> Member desires and is eligible for Retired Member status: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Member recommended for Certificate of Service: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, DSO-MR provides DCO with necessary information to prepare and mail certificate.)	
<input type="checkbox"/> Death of member.	
_____ Flotilla Commander	_____ Date
SECTION IV - To be completed by DSO-MR	
To: DIRECTOR OF AUXILIARY _____	
<input type="checkbox"/> Recommend Disenrollment.	
<input type="checkbox"/> Member requests transfer to Flotilla _____.	
<input type="checkbox"/> Member desires and is eligible for Retired Status.	
<input type="checkbox"/> Member is recommended for Certificate of Service. DCO has been notified.	
_____ DSO-MR	_____ Date
SECTION V - To be completed by Director of Auxiliary	
To: DCP, DIVISION _____ and FLOTILLA COMMANDER, FI. _____	
<input type="checkbox"/> Member was disenrolled. Effective date _____ <input type="checkbox"/> Adm. <input type="checkbox"/> Failed to pay Financial Obligations <input type="checkbox"/> Death of Member <input type="checkbox"/> Member request	
<input type="checkbox"/> Member was transferred to Flotilla _____ Effective date _____	
<input type="checkbox"/> Member was transferred to Retired Member status. Effective date _____	
<input type="checkbox"/> Recommendation disapproved; see attached comments.	
_____ Director of Auxiliary	_____ Date

CHANGE OF MEMBER STATUS - CGAUX-36

- A. GENERAL**-This form is used to remove a member from the flotilla rolls by disenrollment, transfer or retirement.
- B. SECTION I**-To be completed by the Flotilla Commander.
1. Enter member's last name.
 2. Enter member's first name and middle initial.
 3. Enter member's membership number.
 4. Enter signature of Flotilla Commander.
 5. Enter date of signature.
- C. SECTION II**-To be completed by member.
1. Enter the flotilla number and the date of response.
 2. The member must check the box opposite the desired response and complete any other information required.
 3. Member signature required.
- D. SECTION III**-To be completed by Flotilla Commander.
1. Enter DSO-MR'S district number.
 2. The Flotilla commander must check the box opposite the desired response and complete any additional information required.
 3. Flotilla Commander must sign and date this response.
- E. SECTION IV**-To be completed by the DSO-MR.
1. The DSO-MR must check the box opposite the response desired and complete any other information required.
 2. The DSO-MR must sign and date the response.
- F. SECTION V**-To be completed by the Director of Auxiliary (DIRAUX).
1. Enter the Division and Flotilla numbers on the appropriate line.
 2. The DIRAUX must check the box opposite the response desired and complete any additional information required.
 3. The DIRUX must sign and date the response.

U.S. COAST GUARD AUXILIARY
UNIT MONTHLY PUBLIC AFFAIRS ACTIVITY

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CGAUX-37 (4-97)	U. S. COAST GUARD AUXILIARY	
	UNIT MONTHLY PUBLIC AFFAIRS ACTIVITY	
UNIT NUMBER	DATE BEGAN: MM DD YY	REPORT MONTH
000		
QUANTITY	ACTIVITY	QUANTITY
	20 NO. ARTICLES PUBLISHED	
	22 NO. CIVIC LECTURES	
	24 NO. RADIO PROGRAMS PARTICIPATION	
	26 NO. TV PROGRAMS PARTICIPATION	
	28 NO. SAFETY / CME BOOTHS	
	21	
	23 TOTAL ATTENDANCE AT LECTURES	
	25 NO. RADIO SPOT DAYS	
	27 NO. TV SPOT DAYS	
	29 EST NUMBER OF VISITORS AT BOOTH	
Comments:		
REPORTING MEMBER NUMBER	REPORTING MEMBER SIGNATURE	

ANSC # 7031

UNIT MONTHLY PUBLIC AFFAIRS ACTIVITY-CGAUX 37

- A. GENERAL**-This form is used to report the flotilla's activity in Public Affairs. The report is submitted monthly/and covers the combined activities of all the members of the flotilla. Any activity missed being reported in the proper month may be reported in a subsequent month. These activities will normally be a summary of activities reported as PA Activity on the Activity Report-Mission Report.
- B. TOP BOXES**
1. UNIT NUMBER-Enter the nine digit flotilla unit number (district, division, flotilla numbers).
 2. DATE BEGAN-Enter the date in MM/DD/YY format.
 3. REPORT MONTH-Enter the name of the month, ie. January.
- C. ACTIVITY REPORTING**-Enter the number of activities performed during the month, by following categories:
20. NO. OF ARTICLES PUBLISHED-Enter the number of articles published during the month in non-auxiliary publications.
 21. *Left blank for 1354 future expansion.*
 22. NO. OF CIVIC LECTURES-Enter the number of Civic Lectures given during the month.
 23. TOTAL ATTENDANCE AT LECTURE-Enter the number of people in attendance at the Civic Lectures identified in C.3.
 24. NO. OF RADIO PROGRAMS PARTICIPATED-Enter the number of radio programs participated in during the month. Participation is defined as a personal appearance by an Auxiliarist at a station studio to participate in a program in the interest of Boating Safety, the Auxiliary or the Coast Guard. Recording, PE and/or other spots aren't reportable as participation.
 25. NO. RADIO SPOT DAYS-Enter the number of radio spot days during the month as reported by the radio stations.
 26. TV PROGRAM(S) PARTICIPATION NO.-Enter the number of TV programs, in which participated during the month. Participation is defined as a personal appearance by an Auxiliarist at a station studio to participate in a program in the interest of Boating Safety, the Auxiliary or the Coast Guard. Recording PE and/or other spots are not reportable as participation.
 27. NO. OF TV SPOT DAYS-Enter the number of TV spot days during the month as reported by the TV stations.
 28. NO. OF SAFETY/CME BOOTHS-Enter the number of Safety and CME Station booths held during the month. This number is of booths planned and manned by the Flotilla.
 29. EST. NUMBER OF VISITORS AT BOOTH-Enter the estimated number of visitors attending the booths as estimated by the senior office holder present.
- D. Comments:** Enter comments clarifying any unique problems or successes encountered.
- E. REPORTING MEMBER NUMBER**-Enter the member number of the reporting member.
- F. REPORTING MEMBER SIGNATURE**-Signature of reporting member.

UNITED STATES COAST GUARD AUXILIARY
CHANGE OF OFFICER(S) REPORT

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CGAUX-38 (4-97)	UNITED STATES COAST GUARD AUXILIARY CHANGE OF OFFICER(S) REPORT							
OFFICE BEING FILLED SECTION								
MEMBER NUMBER <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	TITLE OF OFFICE BEING FILLED <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>							
LAST NAME <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	FIRST NAME AND INITIAL <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	OFFICE <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>						
COMMENTS: <div style="border: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-top: 5px;"></div>		DATE OF OFFICE <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">M M</td> <td style="width: 33%; text-align: center;">D D</td> <td style="width: 33%; text-align: center;">Y Y</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	M M	D D	Y Y			
M M	D D	Y Y						
OFFICE BEING VACATED SECTION								
MEMBER NUMBER <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	TITLE OF OFFICE BEING VACATED <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>							
LAST NAME <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	FIRST NAME AND INITIAL <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	OFFICE <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>						
COMMENTS: <div style="border: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-top: 5px;"></div>	HIGHEST PAST OFFICE <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	DATE MEMBER LEFT OFFICE <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">M M</td> <td style="width: 33%; text-align: center;">D D</td> <td style="width: 33%; text-align: center;">Y Y</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	M M	D D	Y Y			
M M	D D	Y Y						
SIGNATURE OF UNIT LEADER <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> <div style="text-align: right; margin-top: 5px;">DATE</div>	SIGNATURE OF DIRAUX <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> <div style="text-align: right; margin-top: 5px;">DATE</div>							

CHANGE OF AUXILIARY OFFICER(S) REPORT- CGAUX-38

- A. GENERAL**-This report is used to report a change of either an elected or appointed officer during the calendar year.
- B. SECTION I-OFFICE BEING FILLED**
1. MEMBER NUMBER-Enter the new officer's member number.
 2. TITLE OF OFFICE BEING FILLED. Enter the title of the office being filled. Using the unit level followed by the specific office.
 3. LAST NAME-Enter the replacement officer's last name.
 4. FIRST NAME AND INITIAL-Enter the first name and middle initial of the replacement office holder.
 5. OFFICE-Enter the Office code for the specific office being filled.
 6. COMMENTS: Enter the reason and method of selection, if needed.
 7. DATE OF OFFICE-Enter the effective date of assumption of office in MM/DD/YY format.
- C. SECTION II-OFFICE BEING VACATED**
1. MEMBER NUMBER-Enter the member of the officer being replaced.
 2. TITLE OF OFFICE BEING FILLED-Enter the title of the office being filled.
 3. LAST NAME-Enter the last name of the officer being replaced.
 4. FIRST NAME AND INITIAL-Enter the first name and middle initial of the officer being replaced.
 5. OFFICE-Enter the Office code for the specific officer being replaced.
 6. COMMENTS: Enter a reason for the officer being replaced, as needed.
 7. HIGHEST PAST OFFICE-Enter the highest office held by the officer being replaced, if known.
Completion of this box is not required.
 8. DATE MEMBER LEFT OFFICE-Enter the date the member left the office in MM/DD/YY format.
- D. SECTION III**
1. SIGNATURE OF UNIT LEADER-Signature of unit leader if member being replaced is the vice-commander or staff office holder. If the unit commander is being replaced the signature must be that of the unit vice-commander or of the commander of the next highest level unit.
 2. SIGNATURE OF DIRAUX-Signature/Approval of the District Director/Commander.

U.S. COAST GUARD AUXILIARY
SAR PROCEDURES FLIGHT CHECK

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CGAUX-39 (4-97)		U. S. COAST GUARD AUXILIARY SAR PROCEDURES FLIGHT CHECK CHECK OFF SHEET	
MEMBER NUMBER		MEMBER NAME	
<input type="text"/>		<input type="text"/>	
SECTION I - KNOWLEDGE			
PASSED (Initials of Check Pilot)			
	AIR / SURFACE SIGNALS: Demonstrate familiarity with the standard air to surface signals for (1) AFFIRMATIVE, (2) NEGATIVE, (3) FOLLOW ME TO DISTRESS SCENE, (4) DISCONTINUE FOLLOWING, (5) MESSAGE RECEIVED AND UNDERSTOOD, (6) MESSAGE RECEIVED AND NOT UNDERSTOOD.		
	SURFACE / AIR SIGNAL: Demonstrate body signals for (1) AFFIRMATIVE, (2) NEGATIVE, (3) NEED ASSISTANCE (Mechanical Help), (4) ALL OK, DO NOT WAIT, (5) NEED MEDICAL ASSISTANCE. Know International Ground-Air Visual Code Markings for (1) AFFIRMATIVE, (2) NEGATIVE, (3) REQUIRE ASSISTANCE, (4) REQUIRE MEDICAL ASSISTANCE, (5) PROCEEDING IN THIS DIRECTION.		
	WIND - SEA STATE: Know the approximate wind velocity and sea state for the following conditions: (1) SMALL RIPPLES, (2) WELL DEFINED WAVES, no breaking, (3) PRONOUNCED WAVES, frequent whitecaps, (4) LONG STRAIGHT STREAKS, whitecaps on every crest.		
	EMERGENCY PROCEDURES: Know ditching procedure for aircraft flown. Know how to use the following: INFLATABLE LIFE VEST, INFLATABLE LIFE RAFT, SIGNALING DEVICES, RADIO EQUIPMENT FOR DISTRESS.		
SECTION II - PRACTICAL			
COMPLETED (Initials of Check Pilot)			
	AIRCRAFT COMMANDER PERFORMANCE: Satisfactory demonstration of crew briefing, preflight inspection, underway message.		
	SEARCH PATTERN TECHNIQUES: Demonstrate ability to choose and use proper search patterns. Fly the prescribed courses, timing course legs, and turning to successive headings.		
	ORBITING SURFACE OBJECT: Complete 720 degrees of turn over a point on the surface, compensating for wind drift.		
	COMMUNICATIONS: Satisfactory contact with the ground radio station for position reports, Operations Normal reports, sightings, etc.		
	CHART READING: Ability to identify surface features, coastline nav aids, etc., by reference to appropriate chart symbols. Plot bearings and distances from charts used.		
	VESSEL IDENTIFICATION: Ability to recognize vessel types from the air by profile, sail rig, etc. (This can be accomplished by using photos or actual sightings).		
SIGNATURE OF CHECK PILOT: _____		DATE OF CHECK RIDE _____	
NOTE: After completing this check ride, the Check-Pilot will make an entry in the pilot's logbook to that effect. No report is to be filed of this check ride other than the logbook entry for the pilot being checked. The Check-Pilot may retain this form for his/her records.			

DEPARTMENT OF
TRANSPORTATION
U.S. COAST GUARD
CGAUX 42 (1-97)

UNITED STATES COAST GUARD AUXILIARY
TRAINING EVALUATION FORM

Training Attended _____ Location _____

Please indicate your impression of the items listed below. If it was highly favorable, circle 5. Not so favorable, give your opinion - circle from 4 to 1.

CURRICULUM

	Low			High	
1. The training met my expectations.	1	2	3	4	5
2. I will be able to apply the knowledge learned.	1	2	3	4	5
3. The training objectives for each topic were identified and followed.	1	2	3	4	5
4. The curriculum content was organized and easy to follow.	1	2	3	4	5
5. The materials distributed were pertinent and useful.	1	2	3	4	5
6. Members in my district will benefit from the knowledge I gained.	1	2	3	4	5

DEPARTMENT STAFF/INSTRUCTORS

	Low			High	
1. The presenters were knowledgeable.	1	2	3	4	5
2. The quality of instruction was good.	1	2	3	4	5
3. The presentations were interesting and practical.	1	2	3	4	5
4. The presenters met the training objectives.	1	2	3	4	5
5. Good training aids and audio-visual aids were used.	1	2	3	4	5
6. Class participation and interaction were encouraged.	1	2	3	4	5
7. Adequate time was provided for attendee questions.	1	2	3	4	5
8. Staff were interested and addressed attendees concerns.	1	2	3	4	5

TRAINING SPECIFIC QUESTIONS

	Low			High	
1. How do you rate the training overall?	1	2	3	4	5
2. The training will help me do my job better.	1	2	3	4	5
3. This training is worthwhile and should be conducted on a regular basis.	1	2	3	4	5

PROCEDURES AND INFORMATION

	Low			High	
1. Did you receive timely, advance training information?	1	2	3	4	5
2. Did you receive your orders in a timely fashion?	1	2	3	4	5
3. Was adequate time allowed for breaks and meals?	1	2	3	4	5

ADDITIONAL COMMENTS

1. How did you learn about this school?
2. Which of the trainings presentations or topics were the most useful to you?
3. Which of the training presentations or topics did you find the least useful?
4. What presentations or topics were you expecting to hear, but were not presented?
5. What items or activities would you like to see added to this training?
6. Other Comments:

Please sign your name here:

Print your office/district:

UNITED STATES COAST GUARD AUXILIARY
MARINE DEALER VISITATION PROGRAM

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CGAUX-43 (4-97)		UNITED STATES COAST GUARD AUXILIARY MARINE DEALER VISITATION PROGRAM VISIT RECORD					
To be completed for each visit. When a change is needed, the CG-5093 must also be submitted. Submit report according to District policies and procedures. ALL VISITS MUST ALSO BE REPORTED ON MISSION ACTIVITY REPORT CGAUX-26.							
Date of Visit	DEALERSHIP NAME	MAILING ADDRESS OF DEALER	DEAL ISSUED		DEALER ACTION	✓	
			YES	NO		YES	NO
					Receiving USCG mailing		
					Desires to receive mailing		
					Desires follow-up visits or literature		
	Name of contact						
					Receiving USCG mailing		
					Desires to receive mailing		
					Desires follow-up visits or literature		
	Name of contact						
					Receiving USCG mailing		
					Desires to receive mailing		
					Desires follow-up visits or literature		
	Name of contact						
					Receiving USCG mailing		
					Desires to receive mailing		
					Desires follow-up visits or literature		
	Name of contact						
					Receiving USCG mailing		
					Desires to receive mailing		
					Desires follow-up visits or literature		
	Name of contact						
					Receiving USCG mailing		
					Desires to receive mailing		
					Desires follow-up visits or literature		
	Name of contact						
					Receiving USCG mailing		
					Desires to receive mailing		
					Desires follow-up visits or literature		
	Name of contact						

MEMBER NUMBER	SIGNATURE:	DATE MM DD YY

ALL PREVIOUS EDITIONS ARE OBSOLETE

ANSC # 7046

MARINE DEALER VISITATION PROGRAM - CGAUX-43

- A. GENERAL**-This form is used to record Marine Dealer Visits made by Marine Dealer visitors. Up to 7 visits may be recorded on this form.
- B. DATE OF VISIT**-Enter date of visit in MM/DD/YY format.
- C. DEALERSHIP NAME**-Enter dealership name in the two lines provided. Enter contact person's name on the third line.
- D. MAILING ADDRESS OF DEALER**-Enter the address of the dealer visited on the lines provided.
- E. DECAL ISSUED - YES/NO**-Check the appropriate box.
- F. DEALER ACTION - YES/NO**-Enter a check mark in each of the three boxes for each dealer entry.
 - 1. Receiving CG mailings?
 - 2. Desires to receive mailings?
 - 3. Desires follow up visit or literature?
- G. MEMBER NUMBER**-Enter the MDV's member number.
- H. SIGNATURE**-Signature of the MDV.
- I. DATE**-Enter the reporting date in DD/YY format. Use 5 or 9 digit postal ZIP code.

SEAL OF SAFETY COURTESY MARINE EXAMINATION

REGISTRATION/DOCUMENTATION NO. _____

OWNER / OPERATOR NAME _____

BOAT LENGTH _____ POB _____ YEAR BOAT MFG _____

FUEL ON THE BOAT : GAS _____ DIESEL _____ OTHER _____

BOAT USAGE: PLEASURE _____ COML FRT _____ 6 PAC. HIRE _____

NOTE: (Passengers for Hire or Commercial Freight may require special additional equipment)

STATE WHERE EXAMINED _____

FAILURE ITEMS: (CIRCLE) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

SEAL OF SAFETY CHECK LIST (To Be Completed by Your Auxiliary Vessel Examiner)

Subject	Yes	No	Not Appl.
1. NUMBERING (Proper spacing, contrasting color, minimum 3" block letters)			
2. REGISTRATION / DOCUMENTATION (Papers must be on board)			
3. NAVIGATION LIGHTS (Must operate and show proper configuration)			
4. SOUND PRODUCING DEVICE (Horn, whistle, or other device)			
5. BELL (Boats 12m [39.4 ft.] or longer)			
6. PERSONAL FLOTATION DEVICE (PFD) (One wearable for each passenger, minimum-2. Boats 16ft & over also one type IV)			
7. FIRE EXTINGUISHERS (Mounted, minimum for size & type of boat, HALON/FE241/CO2-current tag)			
<u>VISUAL DISTRESS SIGNALS (VDS)</u>			
8. INLAND (VDS, Flag Signal light, etc)			
<u>VISUAL DISTRESS SIGNALS (VDS)</u>			
9. INTERNATIONAL (Minimum flares/aerial rockets or approved signals, not expired)			
10. VENTILATION (For closed compartments with potential for explosive vapors and an ignition source. Installed blower must work. Warning posted)			
11. BACKFIRE FLAME ARRESTER (Approved type, tight installation, clean)			
12. FUEL SYSTEM (Tanks secure, Over 7 gal are considered permanent & must be grounded/vented. Hoses in good condition, no leaks.)			

DATE ISSUED _____ DECAL # _____

Registration / Documentation Number _____

Owner/Operator name _____

I certify that I have personally examined this boat and find its condition at the time of examination as stated

Signature of Examiner _____ Member Number _____

Your Auxiliary Contact is: Phone No. _____

Name (print) _____

Additional comments:

This check list is furnished for your information. There is no assumption of liability of any kind for either services given or any opinions expressed in connection with this examination. By accepting the CME decal you are pledging to maintain your boat and equipment to the standards of safety exhibited during the examination. Please remove the decal if the vessel is sold.

U.S.C.G. AUX 204 (4-95) PREVIOUS EDITIONS ARE OBSOLETE

OWNER/OPER TAKEN AUX PE CLASS? YES _____ NO _____

FIRST TIME CME FOR OWNER/OPER? YES _____ NO _____

OWNER / OPER INTERESTED IN: _____

JOINING THE AUXILIARY? YES _____ NO _____

A BS & S CLASS? YES _____ NO _____

A S & S CLASS YES _____ NO _____

TELEPHONE NO. _____

DATE ISSUED _____ DECAL # _____

Subject	Yes	No	Not Appl.
13. ANCHOR & ANCHOR LINE (Suitable for the boat and the boating area)			
14. ALTERNATE PROPULSION (Boats under 16ft. paddle, oar, etc)			
15. DEWATERING DEVICE (Pumps must work, extra manual bailer)			
16. OVERALL VESSEL CONDITION (Bilge & equip't area clean, well maintained. Not overloaded, overpowered, or no automotive parts)			
17. ELECTRICAL SYSTEMS (Batteries secure, terminals covered, well organized wiring, proper fuses/circuit breakers)			
18. GALLEY/HEATING SYSTEMS (Secure system, proper tank installation. No flammable material nearby)			
19. STATE REQUIREMENTS (Comply with all state safety requirements)			
20. MARINE SANITATION DEVICE (Approved device, overboard discharge sealed)			
21. MARPOL TRASH PLACARD (Boat 26 ft & over, written plan 40ft & over)			
22. POLLUTION PLACARD (Boat 26 ft & over, w/machinery compartment)			
23. NAVIGATION RULES (Boats 12m (39.4ft) and over)			
24. FCC MARINE RADIO LICENSE (All radios, radar, EPIRB, etc.)			

ITEMS WHICH ARE NOT REQUIRED FOR THE CME DECAL

The following items are not a requirement for the CME decal. These additional items are required under Federal and State laws. The Vessel Examiner has checked these items to assist the boater in determining if the vessel meets the requirements of these laws.

Subject	Yes	No	Not Appl.
25. CG CAPACITY PLATE (Visible, monohull power boats, under 20ft)			
26. CERTIFICATE OF COMPLIANCE LABEL (Monohull power boats under 20ft, all boats w/installed engines, except outboards, mfg. after 10/31/72)			
27. HULL IDENTIFICATION NUMBER (All boats mfg after 10/31/72)			

Note: This examination is not an official boarding for law enforcement purposes. It is recommended that you correct any deficiencies noted for your own safety and/or compliance with regulations

ANSC# 7012

SEAL OF SAFETY

COURTESY MARINE EXAMINATION

A free Voluntary Service From the
U.S. Coast Guard Auxiliary

Know Before You Go

The Courtesy Marine Examination is one of several services performed by members of the Auxiliary, a civilian, non-military arm of the U.S. Coast Guard. Public Education classes are also offered by the Auxiliary. They include Boating Skills and Seamanship, Advanced Coastal Navigation, Sailing and Seamanship and youth courses.

MEMBERSHIP IN THE AUXILIARY offers pleasure boaters the opportunity to join other skippers in further training, voluntary operations for and with the Coast Guard and the fellowship of boaters with mutual interests. To take a Coast Guard Boating Safety Class, call 1-800-336-Boat or your local Auxiliary unit. For other information or to join the Auxiliary call 1-800-368-5647. Award of a CME decal may qualify your boat for an insurance premium discount. See your agent.

Boating Safety Infoline

800-368-5647

Call Toll Free
for Information

U.S. Department
of Transportation

United States

Coast Guard

Information on boating
safety recalls.

To report possible
defects in boats.

To comment on U.S.C.G.
boarding procedures.

For answers to boating
questions.

For boating safety literature.

Additional Federal Requirements

Capacity Plate

Certificate of Compliance

Hull Identification Number

These are additional Federal Requirements supplied by the manufacturer when specified.

EMERGENCY BOATING PROCEDURES

Before leaving the dock review these simple procedures

Inform all passengers of emergency procedures---review this list.

Identify emergency equipment: fire extinguishers, pumps, etc.

Locate ignition switch, power switches, fuel valves, etc.

Recommend each passenger wear a life jacket (PFD) while underway

Leave a float plan with a friend or relative.

Radio Procedure

Switch to Channel 16 (Marine Radio) or if not equipped to use Marine
Radio, Channel 9 (CB Radio)

Call the Coast Guard on Channel 16 or any emergency station on CB

Give boat name, registration number, radio call sign

Identify the boat by size, description and color.

Give your location or compass heading to a known point,

Describe the emergency - stay calm.

Leaks or Damage Control

Put on life jackets (PFD), open deck hatches, look for leaks.

Start bilge pump, get manual pumps or buckets.

Shut off engine only if leak may be from engine hoses.

If hull is damaged and engine is inboard (not stern drive), shut off engine,
close sea cock, disconnect intake water hose, place end in bilge, restart
engine to act as a bilge pump.

Fire or Explosion

Be ready to go overboard with life jacket.

Reduce air to fire area - leave hatches closed, close doors, shut off
electric supply.

Use extinguisher, if possible.

Jettison burning material, if possible.

Use radio procedure above, calling MAYDAY, MAYDAY, MAYDAY.

Prepare to abandon ship, get signaling flares or flags, throw flotation
material overboard.

If you abandon ship, stay together, use distress signals when help
is in sight, gather additional flotation material around you.

Man Overboard

Shout "MAN OVERBOARD" - continuously watch person in the
water, point direction so skipper can maneuver to retrieve.

Stop engine (propeller rotation) if person overboard is near the boat.

Throw life ring, seat cushion, or marker light in area of the person.

Don't jump in the water to assist.

PERSONAL WATERCRAFT SAFETY CHECK

PERSONAL WATERCRAFT SAFETY CHECK											
REGISTRATION NO. _____				OWNER/OPER TAKEN AUX PE CLASS? YES ___ NO ___							
OWNER/OPERATOR NAME _____				FIRST TIME EXAM FOR OWNER/OPER? YES ___ NO ___							
_____				OWNER/OPER INTERESTED IN JOINING THE							
DATE ISSUED _____ DECAL # _____				AUXILIARY? YES ___ NO ___							
STATE WHERE EXAMINED _____				TELEPHONE NO. _____							
FAILURE ITEMS: (CIRCLE) 1 2 3 4 5 6 7 8 9 10 11 12											

SEAL OF SAFETY CHECK LIST		YES	NO	N/A OR EXEMPT
1. NUMBERING: (Proper spacing, contrasting color, minimum 3" high) _____				
2. REGISTRATION DOCUMENTS (Registration papers must be on board) _____				
3. SOUND PRODUCING DEVICE (Whistle or horn. A means to attract attention) _____				
4. WEARABLE PERSONAL FLOTATION DEVICE (PFD) (Wearable PFD for each person, minimum 50 MPH impact rate) _____				
5. FIRE EXTINGUISHER (One CG approved B-1 extinguisher readily available) _____				
6. VISUAL DISTRESS SIGNALS (VDS) (When in distress, means of attracting attention) _____				
a. INLAND SIGNALS (For inland areas and lakes) (Orange, red flag or other day VDS) _____				
b. OFFSHORE SIGNALS (For coastal, offshore & Great Lakes) (CG approved distress signal, not expired) _____				
7. BACKFIRE FLAME ARRESTER (Approved type, tight installation, clean) _____				
8. FUEL SYSTEM (Tanks secure, hoses marine type, in good condition) _____				
9. ELECTRICAL SYSTEM (Batteries secure, terminals clean and covered, system organized) _____				
10. DEFAULT / OVERRIDE SYSTEM (Engine kill or self-circling device not overridden) _____				
11. OVERALL VESSEL CONDITION (Vessel clean, well maintained) _____				
12. STATE REGULATIONS (Vessel complies with all state regulations, where operating) _____				

DISCUSSION ITEMS: For your safety and responsible operation	DISCUSSED
A. RULES OF THE ROAD (Owner / operator understands basic Rules of the Road) _____	
B. RESPONSIBLE FOR WAKE (Owner / operator understands rules for wake and damage to others) _____	
C. SAFE OPERATION (Owner / operator understands safe operation near swimming areas or other vessels) _____	
D. OPERATOR INSTRUCTIONS (Owner knows NOT to allow others to use this vessel without proper instructions of basic safety, Rules of the Road and responsible operation) _____	
E. ACCIDENT REPORTING (Accidents involving death, serious injury or property damage over \$500 must be reported to state authority. Know rules for reporting any accident or injury. Call 800-368-5647 for more information)	

Additional comments:
The check list is furnished for your information. There is no assumption of liability of any kind for either advice given or any opinions expressed in connection with this examination. By accepting the PWC decal you are pledging to maintain your boat and equipment to the standards of safety exhibited during the examination. Please remove the decal if the PWC is sold.

Registration Number _____

Owner/Operator name _____

I certify that I have personally examined this boat and find it's condition at the time of examination as stated

Signature of Examiner _____ Member Number _____

Your Auxiliary contact is _____ Phone _____

Note: This examination is not an official boarding for law enforcement purposes. It is recommended that you correct any deficiencies noted.

PERSONAL WATERCRAFT SAFETY CHECK

U.S. COAST GUARD AUXILIARY

A free voluntary service from the U.S. Coast Guard Auxiliary

Know Before You Go

The Courtesy Marine Examination is one of several services performed by members of the Auxiliary, a civilian, non-military arm of the U.S. Coast Guard. Public Education classes are also offered by the Auxiliary. They include Boating Skills and Seamanship, Advanced Coastal Navigation, Sailing and Seamanship and youth courses.

MEMBERSHIP IN THE AUXILIARY offers pleasure boaters the opportunity to join other skippers in further training, voluntary operations for and with the Coast Guard and the fellowship of boaters with mutual interests.

To take a Coast Guard Boating Safety Class, call 1-800-336-Boat or your local Auxiliary unit. For other information or to join the Auxiliary call 1-800-368-5647. Award of a PWC decal may qualify your PWC for an insurance premium discount. See your agent.

**Coast Guard
Customer
Infoline**

800-368-5647
Call Toll Free
for Information

U.S. Department
of Transportation
**United States
Coast Guard**
Information on boating
safety recalls.
To report possible
defects in boats.
To comment on U.S.C.G.
boarding procedures.
For answers to boating
questions.
For boating safety literature.

Before leaving the dock review these simple procedures.

EMERGENCY BOATING PROCEDURES

Inform all passengers of emergency procedures---

Identify emergency equipment: fire extinguishers, distress signals, etc.

Locate ignition switch, power switches, fuel valves, etc.

Recommend each passenger wear a life jacket (PFD) while underway.

Leave a float plan with a friend or relative.

Radio Procedure - If one available

Switch to channel 16 (Marine Radio) or if not
equipped to use Marine Radio, channel 9 (CB Radio)

Call the Coast Guard on channel 16 or any emergency station on CB.

Give the PWC, registration number, radio call sign.

Identify the PWC by description and color.

Give your location or compass heading to a known point.

Describe the emergency - stay calm.

Leaks or Damage Control

Ensure life jackets (PFD) are on, worn properly, look for leaks.

If hull is damaged stay with the PWC, it will not sink.

Fire or Explosion

Go overboard with life jacket.

Leave hatches closed.

Move away from the PWC.

Use radio procedure above, calling MAYDAY,

MAYDAY, MAYDAY, - If radio available.

Get signaling flares or flags.

Throw any flotation material overboard.

If you abandon PWC, stay together, use distress
signals when help is in sight.

Gather additional flotation material around you.

Man Overboard

Shout "MAN OVERBOARD" - continuously watch
person in the water, so you can maneuver to retrieve.
Don't jump in the water to assist.

COAST GUARD AWARD RECOMMENDATION

COAST GUARD AWARD RECOMMENDATION				1. RECOMMENDED AWARD	
2. PERIOD BEING RECOGNIZED (DATES INCLUSIVE)				3A. INDICATE IF SUBSEQUENT AWARD (FIRST, SECOND, THIRD, ETC.)	
				3B. "O" DEVICE YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
PERSONAL AWARD INFORMATION (FOR CIVILIAN AWARDS COMPLETE SECTION 14 ALSO)					
4. NAME (LAST, FIRST, MI)				10. PREVIOUS AWARDS EARNED DURING PERIOD BEING RECOGNIZED (ATTACH COPY)	
5. SOCIAL SECURITY NUMBER				11. PRESENT DUTY STATION (AUX: DIVISION/FLOTILLA)	
6. BRANCH OF SERVICE		7. STATUS AUXILIAR <input type="checkbox"/> CIVILIAN <input type="checkbox"/> REGULAR <input type="checkbox"/> RESERVE <input type="checkbox"/>		12. NEW DUTY STATION (HOME ADDRESS IF SEPARATION ANTICIPATED)	
8. GRADE/RANK (FOR CIVILIANS: POSITION TITLE, SERIES, AND GRADE) (AUX: POSITION TITLE)				13. OTHER PERSONNEL RECOMMENDED FOR SAME ACTION AND AWARD RECOMMENDED	
9A. DETACHMENT DATE		9B. RETIREMENT YES <input type="checkbox"/> NO <input type="checkbox"/>			
14. FOR CIVILIAN RECOMMENDATIONS ONLY					
14A. PREVIOUS AWARDS DURING PAST 3 YEARS				14B. RECOMMENDED AMOUNT OF AWARD (IF APPLICABLE)	
				14C. RECOMMENDED AMOUNT OF TIME OFF (IF APPLICABLE)	
UNIT/TEAM AWARD INFORMATION					
15. NAME OF UNIT/TEAM				16. LOCATION OF UNIT/TEAM AT TIME OF ACTION	
17. LIST OF UNIT/TEAM PERSONNEL RECOMMENDED FOR AWARD (USE ADDITIONAL PAGE OR ATTACH ROSTER IF NECESSARY). PROVIDE NAME, SSN, GRADE/RATE, STATUS, AND PRESENT DUTY STATION.					
18. NAME, GRADE, TITLE OF ORIGINATOR PHONE NO. SIGNATURE DATE					
19. FORWARDING ENDORSEMENTS BY VIA ADDRESSEE(S). ATTACH ADDITIONAL SHEETS AS NECESSARY.					
VIA	COMMAND	RECOMMENDED AWARD	"O" DEVICE	SIGNATURE, GRADE, TITLE	DATE
1.			<input type="checkbox"/> YES <input type="checkbox"/> NO		
2.			<input type="checkbox"/> YES <input type="checkbox"/> NO		
3.			<input type="checkbox"/> YES <input type="checkbox"/> NO		
20. DISPOSITION BY AWARING AUTHORITY AWARD APPROVED		"O" DEVICE <input type="checkbox"/> YES <input type="checkbox"/> NO	EXTRAORDINARY HEROISM APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	SIGNATURE, GRADE, TITLE	DATE
21. SUMMARY OF ACTION:					
<p>ATTACH A SEPARATE SHEET IN NARRATIVE OR BULLET STYLE, TO MORE EFFECTIVELY CONVEY ACTION. AT A MINIMUM, MUST ADDRESS THE FOLLOWING QUESTIONS: (1) WHAT WAS THE SPECIFIC ACT/SERVICE PERFORMED? (2) WHERE AND WHEN DID THE ACTION/SERVICE HAPPEN? (3) WHAT WAS THE VALUE/EFFECT OF THE MEMBERS' CONTRIBUTION? (SEE COMDTINST M1650.25 (SERIES))</p> <p>FOR CIVILIAN AWARDS: SHOULD NOT EXCEED THREE PAGES: SEE COMDTINST M12451.1 (SERIES) FOR GUIDANCE ON SPECIFIC AWARDS. CITATION IF APPLICABLE.</p>					

VESSEL FACILITY INSPECTION AND OFFER FOR USE FORM

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-2736 (Rev. 5-96)		VESSEL FACILITY INSPECTION AND OFFER FOR USE FORM (See Instructions and Privacy Act Statement on separate sheet)			<input type="checkbox"/> INITIAL (NEW) REPORT <input type="checkbox"/> REINSPECTION (REOFFER) <input type="checkbox"/> CHANGE	
SECTION I: OWNER DATA - Owner RH in all included blocks						
OWNER'S MEMBER NUMBER		OWNER'S LAST NAME, FIRST NAME, MIDDLE INITIAL			TYPE OF OWNERSHIP (Check one) All owners must sign Section III <input type="checkbox"/> SOLE <input type="checkbox"/> HUSBAND/WIFE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> CORPORATE	
CO-OWNER'S MEMBER NUMBER		CO-OWNER'S LAST NAME, FIRST NAME, MIDDLE INITIAL				
FACILITY STATUS	REG OR DOC NUMBER	FACILITY'S NAME				
B						
FACILITY'S DISTRICT CALL SIGN				IF THIS FACILITY REPLACES ONE CURRENTLY RECORDED, ENTER OLD FACILITY NUMBER HERE		
SECTION II: FACILITY DATA - Completed by owner						
Vessel Location		ZIP Code	<input type="checkbox"/> Trailered <input type="checkbox"/> Yes <input type="checkbox"/> No	Manufacturer	Model	Year
Length	Beam	Draft	Type Vessel	No. Bunks	Installed Head <input type="checkbox"/> Yes <input type="checkbox"/> No	Range Installed <input type="checkbox"/> Yes <input type="checkbox"/> No
					Space Heater <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Capacity
Type Power	No. Engines	Engine Manufacturer		Model Number	Year	Horsepower
Aux. Generator Mfg.		Model Number		K.W. Capacity	Voltage (s)	Fuel Consumption
						Economical
						Cruise
						Maximum
						Speed in Knots
						Gallons per Hour
NAVIGATION EQUIPT.		MANUFACTURER	MODEL NO.	RADIO EQUIPT.	MANUFACTURER	MODEL NO.
Compass				MF/HF SSB		
Radio Direction Finder				VHF - FM		
Depth Finder				VHF - AM		
Radar				OTHER SPECIAL EQUIPMENT		
Loran						
GPS / DGPS						
TOTAL VALUE OF VESSEL		VALUE - HULL	VALUE - MACHINERY	VALUE - ELECTRONICS	VALUE - OTHER EQUIPT	
SECTION III: OWNER STATEMENT AND SIGNATURE - Completed by owner						
<input type="checkbox"/> The above facility is offered for use as an operational facility until withdrawn, in accordance with the applicable laws and regulations that are in effect at the time the facility is accepted, used, and released. I (we) agree to notify DIRAUX of any changes to this facility or equipment and state that all of this equipment will be on board the facility when underway on orders.						
<input type="checkbox"/> The above is not offered for use as an operational facility.						
<input type="checkbox"/> I (we) certify all entries in Sections I thru III are correct and current.						
Signature of Owner		Date		Signature of Co-Owner		Date
SECTION IV: VE'S ENDORSEMENT - Completed by VE						
I have inspected the vessel above as a <input type="checkbox"/> facility <input type="checkbox"/> operational facility and certify that it <input type="checkbox"/> does <input type="checkbox"/> does not meet all requirements as such. It was inspected for use on <input type="checkbox"/> Inland Protected Waters <input type="checkbox"/> Coastal / Offshore Waters.						
FAC INSP DATE		VE's Member No.				
VE's Name		VE's Signature				
SECTION V: DIRAUX ENDORSEMENT - Completed by DIRAUX						
This facility is <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> as a vessel facility <input type="checkbox"/> as an operational vessel facility of the U.S. Coast Guard.						
		DIRAUX Signature		Date		

Previous editions are obsolete

ANSC# 7003

VESSEL FACILITY INSPECTION AND OFFER FOR USE FORM (CONT)

BACK PAGE OF CG-2728 (Rev. 5-99)

SECTION VI ONE AND ADDITIONAL FEDERAL REQUIREMENTS Completed by VE					
Yes	No	Item	Yes	No	Item
		1. Numbering			15. Dewatering device
		2. Registration / Documentation			16. Overall vessel condition
		3. Navigation lights			17. Electrical systems
		4. Sound producing device			18. Galley / Heating systems
		5. Bell (boats 12m [39.4 ft.] or longer)			19. State requirements
		6. Personal Flotation Device (PFD)			20. Marine Sanitation Device (MSD)
		7. Fire extinguishers (mounted, minimum)			21. MARPOL Trash Placard
		8. Visual Distress Signals (VDS) Inland			22. Pollution Placard
		9. Visual Distress Signals (VDS) International			23. Navigation Rules
		10. Ventilation			24. CG Capacity Plate
		11. Backfire Flame Arrester			25. Certificate of Compliance
		12. Fuel system			26. Hull Identification Number (HIN)
		13. Anchor & Anchor Line			
		14. Alternate propulsion			
SECTION VII REQUIREMENTS FOR AN AUXILIARY FACILITY (Not Operational) Completed by VE					
Yes	No	Item	Yes	No	Item
		1. Meets all requirements of Section VI			8. RPM Table (or a means of determining speed)
		2. National Ensign			9. Tools for emergency repairs
		3. CG Auxiliary Ensign			10. Lantern - flashlight
		4. First Aid Kit			11. Spare Navigation light bulbs
		5. Charts of operating area			★ 12. Navigation plotting instruments
		6. Compass			13. Depth sounder, leadline, sounding pole
		7. Deviation Table			14. Boat hook
SECTION VIII REQUIREMENTS FOR AN OPERATIONAL AUXILIARY FACILITY Completed by VE					
Yes	No	Item	Yes	No	Item
		1. Meets all requirements of Section VII			17. Boarding ladder (or other means of boarding)
		2. Comm capability per Operations Policy Manual			★ 18. Kicker (skiff) hook
	★	3. Satisfactory radio check on required frequencies			19. Binoculars
		4. SAR Incident Auxiliary Report (CG-4612) at least 1			20. Blanket
		5. Auxiliary engine (sailboat only)			21. Adequate fenders
		6. PFD (2 over legal requirements)			22. Towline and bridle (appropriate size / length)
		7. Patrol Signboards and Patrol Ensign			23. Heaving lines plus sufficient mooring lines
	★	8. Search pattern plotting guide			★ 24. Extra anchor and anchor line
		9. Stern and bow cleats thru hull w/back plates			25. Search light
		10. Knife (3" blade minimum)			★ 26. Loud hailer/megaphone
		11. Watch or clock			27. Inspector viewed Reg/Doc papers for ownership
	★	12. Portable pump or means of dewatering			28. Attached Assent & Authorization form for multiple owners
	★	13. Tide tables (local)			29. Attached info requirements for corp. owned facilities
	★	14. Light List for area (current)			30. Attached authorization for corporate offer for use
		15. Navigation Rules, COMDTINST M 16672.2 (series)			31. Additional items required by District Commander
		16. Extra fire extinguisher			

PRIVACY ACT STATEMENT

1. Authority: 14USC 826 end 827.
2. Principal Purpose: To provide a means of selection and acceptance of vessels as U.S. Coast Guard operational and non-operational facilities.
3. Routine Uses: Retained by directors of Auxiliary and cognizant USCG group commanders as a record of which vessels have been accepted by the director as U.S. Coast Guard operational and non-operational facilities.
4. Disclosure: Voluntary, however, the detailed information requested on this form enables the coast Guard to select qualified vessels as Coast Guard facilities. Failure by the member to provide all or part of the information will prevent the acceptance of the vessel as a Coast Guard facility.

Make sure your letters and numbers are printed like this:

1 2 3 4 5 6 7 8 9 0 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

VESSEL FACILITY INSPECTION AND OFFER FOR USE FORM

This form is used to report a vessel facility inspection and offer for use as well as to report changes in the status of a facility. If you sell or trade your facility and acquire a new one, this form is used to remove the old facility and enter the new one into the data base.

INSTRUCTIONS (Use Ballpoint pen)

Check the appropriate box, in the heading, for the type of report - initial (new) report, inspection (reoffer), or change.

SECTION I - OWNER DATA Shaded area in SECTION I is for Director use only

OWNER'S MEMBER NUMBER - The member holding the largest percentage of ownership enters their member number.

If this owner is not Auxiliary, then enter "NON AUX." If the facility has multiple owners, enter primary owner's member number. If the facility has multiple owners and is being offered for use, then attach "Assent and Authorization for Use" information outlined in the Auxiliary Operations Policy Manual. If the facility is corporate owned, leave member number blank. If the facility is corporate owned and being offered for use, then also attach the required information and the "Corporate Resolution" authorizing offer for use as outlined in the Auxiliary Operations Policy Manual.

OWNER'S LAST NAME - Enter the last name, first name, and middle initial that corresponds to the member number. If the facility is corporate owned, enter the corporation's name.

TYPE OF OWNERSHIP - Check the appropriate box for ownership of facility.

CO-OWNER'S MEMBER NUMBER AND LAST NAME - Complete as above instructions for "OWNER," except this applies to the owner who holds the second largest percentage of ownership.

REG. or DOC. NUMBER - Enter the facility's state registration number or documentation number. Do not use hyphens or leave spaces between letters and numerals. Example: MD 9185 N is entered as MD9185N or CA 625 BA is entered as CA625BA. Leave unused blocks blank. If number exceeds available spaces enter as many as possible.

FACILITY'S NAME - Enter the name of the vessel. If the vessel does not have a name, leave this box blank.

FACILITY'S DISTRICT CALL SIGN - Enter the district assigned CALL SIGN for the facility being inspected.

PREVIOUS BOAT NO. - As necessary, enter the previous vessel's registration number if the facility being inspected replaces one that you previously owned. Do not use hyphens or leave spaces between letters and numerals.

SECTION II - FACILITY DATA (NOTE: To be completed by owner before inspection of vessel.)

VESSEL LOCATION - Enter the city and state where the vessel is located or berthed.

ZIP CODE - Enter zip code where the vessel is located or berthed.

TRAILERED - Check appropriate box.

MANUFACTURER - Enter the name of the manufacturer of the vessel.

MODEL - Enter the manufacturer's model number or the model name of the vessel.

YEAR - Enter the year the vessel was built.

LENGTH - State the length of the hull in feet, (as indicated on the Registration/Documentation papers).

BEAM - State beam of vessel in feet.

DRAFT - State the draft of vessel in feet.

TYPE VESSEL - State if vessel is OPEN or CLOSED construction, style of vessel, (example sailboat, cruiser, trawler, etc).

NO. BUNKS - Indicate sleeping capacity.

INSTALLED HEAD - Check appropriate box.

RANGE INSTALLED - Check appropriate box.

SPACE HEATER - Check appropriate box.

WATER CAPACITY - Enter the water tank capacity in gallons. If no water tank installed, indicate "Not Applicable" or NA.

TYPE POWER - Indicate type of power, (example: outboard, auxiliary sail, inboard, I/O or sailboat).

NO. ENGINES - Indicate the number of main propulsion engines on the vessel.

ENGINE MANUFACTURER - Indicate the name of the engine(s) manufacturer.

(Continued on the reverse)

MODEL NUMBER - Enter the engine(s) model number(s)

YEAR - Enter the year the engine(s) was (were) installed in the vessel.

HORSEPOWER - Enter the total horsepower of the engine(s).

TYPE FUEL - Enter the type of fuel the engine(s) require, (example: gasoline or diesel).

FUEL CAPACITY - Enter the total fuel capacity in U.S. gallons.

AUX. GENERATOR MFG. - If auxiliary generator is installed, indicate the manufacturer's name. If no auxiliary generator is installed, indicate "Not Applicable" or N/A.

MODEL NUMBER - Enter the model number of the auxiliary generator.

K.W. CAPACITY - Enter the output in kilowatts of the auxiliary generator.

VOLTAGE(S) - Enter the voltage and type (AC/DC) of the auxiliary generator

FUEL CONSUMPTION - Indicate the fuel consumption per hour and speed in knots for economical, cruise, and maximum.

(NOTE: ONE (1) KNOT = 1.15 STATUTE MILES PER HOUR.)

NAVIGATION EQUIPMENT - Enter the manufacturer and model number for the navigational equipment.

RADIO EQUIP - Enter manufacturer's name, model number, output in watts, and government channels/frequencies available for the radio equipment. If synthesized, so state in lieu of listing all frequencies. (NOTE: Indications such as Channel 16, Channel 83, etc. is acceptable.)

OTHER SPECIAL EQUIP - In the space provided list other equipment or attach a separate sheet that lists other special equipment, if necessary. (Example: EPIRB, strobe light, inflatable life raft, cell phone, CB radios, etc).

TOTAL VALUE OF VESSEL - Enter the total fair market value of the vessel and all of its equipment. If the vessel and all of the equipment is new enter the cost price.

VALUE-HULL - Enter the fair market value of the hull. If the vessel is new enter the cost price.

VALUE-MACHINERY - Enter the fair market value of the vessel's engine(s), auxiliary generator, and any other machinery installed on the vessel. If they are all new, enter the cost price.

VALUE-ELECTRONICS - Enter the fair market value of all radios, depthfinders, radar, etc. installed on the vessel. If all are new, enter the cost price.

VALUE-OTHER EQUIP - Enter the fair market value of all other equipment installed in the vessel. (example: life raft, boathooks, anchors, etc.) If all are new, enter the cost price.

(NOTE: The sum total of the values of the hull, machinery, electronics, and other equipment cannot exceed the total value listed for the vessel.)

SECTION III- OWNER, STATEMENT AND SIGNATURE

Check the appropriate box but be sure you fully understand the statements before checking the statement which best describes the owner's intentions on the OFFER FOR USE. Any question(s) should be answered to the owner's(s) complete satisfaction prior to signing and dating the form. For corporate owned facilities, the appropriate designated officer of the corporation is to sign as the owner. Remember, before any facility can be accepted for use, ALL appropriate information must be provided to and approved by the director.

SECTION IV - VE's ENDORSEMENT (To be completed by VE only).

Check the appropriate boxes.

If facility does not meet requirements, return VE signed form to owner - don't forward to director for signature.

Enter date of inspection. Enter your member number.

Print VE name and sign the form.

Give Copy 2 to owner and, if requirements met, forward remaining copies to director.

SECTION V - DIRAUX ENDORSEMENT (To be completed by director only).

Make sure required documents are attached before checking box or signing.

Check the appropriate boxes.

Confirm (or issue) district call sign in Section I

Sign and date the form.

Forward Copy I to owner and, if accepted, forward Copy 3 to AUXMIS Input site.

SECTION VI - CME and Additional Federal Requirements (completed by VE only).

Check the appropriate boxes.

SECTION VII - Requirements for an Auxiliary Facility (Non-operational). (To be completed by VE only).

Check the appropriate boxes.

Items marked by an asterisk (*) are recommended but may be waived by the district commander.

SECTION VIII - Requirements for an Operational Auxiliary Facility. (To be completed by VE only).

Check the appropriate boxes.

Items marked by an asterisk (*) are recommended but may be waived by the district commander.

Attach required district requirements check-off list. (see item #31)

Make sure required documents are attached. See Section I instructions.

UNITED STATES COAST GUARD AUXILIARY
RADIO FACILITY INSPECTION AND OFFER FOR USE FORM

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-2736A (Rev. 3-95)		UNITED STATES COAST GUARD AUXILIARY RADIO FACILITY INSPECTION AND OFFER FOR USE FORM			<input type="checkbox"/> INITIAL (NEW) REPORT <input type="checkbox"/> REINSPECTION <input type="checkbox"/> CHANGE	
SECTION I - DATA						
MEMBER NUMBER (1-10)		TRANS CODE (11-13)	LAST NAME (14-25)		FIRST NAME AND INITIAL (Do Not Key Punch)	
		0 1 3 B				
FAC. STATUS (28-30)		FACILITY IDENTIFICATION (31-36)		FAC. INSP DATE (38-44)	IF THIS RADIO FACILITY REPLACES ONE CURRENTLY RECORDED, LIST OLD RADIO IDENTIFICATION NUMBER	
P R						
PERCENT OF OWNERSHIP		DESCRIPTION OF STATION LOCATION				
STREET ADDRESS OF STATION (<input type="checkbox"/> SAME AS SECTION III)			CITY		STATE	ZIP CODE
NAME AND ADDRESS OF PROPERTY OWNER WHERE STATION IS LOCATED (<input type="checkbox"/> SAME AS SECTION III)						
SECTION II - RADIO FACILITY DATA						
1. TYPE STATION		2. TRANSMITTER / TRANSCEIVER (ADDITIONAL EQUIPMENT)				
<input type="checkbox"/> FIXED LAND <input type="checkbox"/> RDF STATION <input type="checkbox"/> LAND MOBILE		TYPE		MAKE AND MODEL		OUTPUT (WATTS)
		<input type="checkbox"/> MF / HF - AM / SSB <input type="checkbox"/> VHF - FM <input type="checkbox"/> VHF - AM / SSB				
3. GOVERNMENT FREQUENCIES AVAILABLE				4. EMERGENCY POWER AVAILABLE		
<input type="checkbox"/> 2182 KHz <input type="checkbox"/> CH 16 (156.8 MHz) <input type="checkbox"/> 122.9 MHZ <input type="checkbox"/> 2670 KHz <input type="checkbox"/> CH 22A (157.1 MHz) <input type="checkbox"/> 123.1 MHZ <input type="checkbox"/> <input type="checkbox"/> CH 83A (157.175 MHz) <input type="checkbox"/> 143.28 MHZ <input type="checkbox"/> <input type="checkbox"/> ALL 156-158 MHz <input type="checkbox"/>				DESCRIBE:		
5. RDF DATA (Complete if Facility has RDF Capability)				6. ANTENNA INFORMATION (Fixed Land Only)		
MANUFACTURER: _____ MODEL NO.: _____				MAKE/MODEL OR GENERIC TYPE		
BASIC TYPE: MANUAL <input type="checkbox"/> AUTOMATIC <input type="checkbox"/>				GAIN (db)	FREQ RANGE (MHz)	HEIGHT ABOVE GROUND LEVEL (METERS)
DESIGN TYPE: ROTATABLE DIRECTIONAL ANTENNA <input type="checkbox"/> DOPPLER <input type="checkbox"/>						SEA LEVEL (METERS)
OTHER <input type="checkbox"/>						
DESCRIBE: _____						
BEARING DISPLAY: AUDIBLE <input type="checkbox"/> VISUAL <input type="checkbox"/>						
7. RADIO FACILITY CHECK LIST				8. ENTER LATITUDE/LONGITUDE OF FIXED LAND ANTENNA (DEGs, MINs, Tenths)		
YES NO				LAT. _____ LONG. _____		
<input type="checkbox"/> 1. RADIO LOG ADEQUATE <input type="checkbox"/> 2. ANTENNA INSTALLATION: Good Condition, Properly Oriented <input type="checkbox"/> 3. ADEQUATE CHECK MADE ON AVAILABLE FREQUENCIES <input type="checkbox"/> 4. RDF MEETS CRITERIA OF COMDTINST M16798.3				9. AUXILIARY RADIO FACILITY CALLSIGN		
INSPECTOR'S MEMBER NO.		INSPECTOR'S LAST NAME		INSPECTOR'S FIRST NAME AND INITIAL		
SIGNATURE OF INSPECTOR				DATE SIGNED		
SECTION III - OWNER'S MAILING ADDRESS, STATEMENT, & OFFER FOR USE						
STREET ADDRESS			CITY		STATE	ZIP CODE
I have knowledge of the findings of the inspector as set forth above and agree to notify the Director of any changes. This Facility is offered for use and will be operated in accordance with current Coast Guard Instructions.						
SIGNATURE OF OWNER				DATE SIGNED		
SECTION IV - ENDORSEMENT BY THE DIRECTOR						
THIS USCG AUXILIARY FACILITY IS <input type="checkbox"/> REJECTED <input type="checkbox"/> ACCEPTED FOR USE FOR THREE (3) YEARS EXPIRES 31 DEC _____						
SIGNATURE OF DIRECTOR				DATE SIGNED		

Previous Edition is obsolete

PART 1 DIRECTOR COPY

ANSC# 7004

AUXILIARY RADIO FACILITY INSPECTION REPORT AND OFFER FOR USE FORM

(USE BALL POINT PEN AND PRESS FIRMLY)

AUXILIARY RADIO FACILITY INSPECTION REPORT AND OFFER FOR USE FORM

This form is used to report a Radio Facility Inspection and Offer for Use. This form is also used to report changes in the status of an authorized facility. Radio facility inspections are valid for a period of three years and expire on 31 Dec. of the third year.

TYPE OF REPORT - Check block to indicate initial, reinspection, or change report.

SECTION I - DATA

MEMBER NUMBER - (Block 1-10) Beginning in block 1, enter your Auxiliary member number.

LAST NAME - (Blocks 14-25) Beginning in block 14, enter your last name.

FIRST NAME AND INITIAL - Enter your first name and initial.

FAC. STATUS - FACILITY IDENTIFICATION NUMBER - (Blocks 26-38) Beginning in block 28, enter the facility status & ID number if known; otherwise leave blank for entry by the Director.

FAC. INSPECTION DATE - (Blocks 39-44) Enter month, day and year of inspection. (July 4, 1995 = 070495)

PREVIOUS FACILITY ID NUMBER - (Blocks 45-52) Enter old ID number ONLY if this facility replaces one currently authorized.

PERCENT OF OWNERSHIP - Indicate your percent of ownership. If less than 100% (i.e., multiple ownership), then submit the information required for Multiple Ownership (see sample in Appendix D in Operations Manual) with CG-2736A. If owned by a corporation, omit owner's member number and name, then insert the word "corporation" in blocks 1-10 and the name of the corporation in blocks 14-25. Also, submit information required for Corporate-owned Facility and the Corporate Resolution (see sample in Appendixes B and C in the Operations Policy Manual).

DESCRIPTION OF STATION LOCATION - Indicate type of property where the station is housed (i.e., truck, car, house, marina yacht club, trailer, etc.) If transportable, enter "Transportable Facility."

STREET ADDRESS OF STATION - If same as section III, check box; otherwise, indicate address. If transportable, enter "Transportable Facility."

NAME/ADDRESS OF PROPERTY OWNER WHERE STATION LOCATED - If same as Section III, check box; otherwise, indicate name and address. If transportable, enter "Transportable Facility."

SECTION II - RADIO FACILITY DATA

1. **TYPE STATION** - Check appropriate box. (Check only one box.)
2. **TRANSMITTER/TRANSCEIVER** - Enter make, model and output power of equipment used. **ADDITIONAL EQUIPMENT** (scanners, etc., especially in LAND MOBILES) may be entered in this area.
3. **GOVERNMENT FREQUENCIES AVAILABLE** - Check those available. If not listed, enter in blank space. For VHF-FM marine transceivers with all channels, check "ALL 156-158 MHz."
4. **EMERGENCY POWER AVAILABLE** - Describe emergency power (e.g., generator - 300 watt, 1 kw, 5kw; battery; etc.)
5. **RADIO DIRECTION FINDING DATA** - Complete this section if the facility has RDF capabilities. Conduct the required tests, enter the test results below and forward this page with the completed inspection report.

A. Operation Test Results: (Minimum of two LOPs obtained).

#1 Station used _____	Observed LOP _____	Actual LOP _____
#2 Station used _____	Observed LOP _____	Actual LOP _____
#3 Station used _____	Observed LOP _____	Actual LOP _____

B. Estimated usable range _____ NM. **YOUR MEMBER NUMBER**

C. Total time to obtain bearing _____ Seconds

D. Repeatability of bearing, within _____

6. **ANTENNA INFORMATION** - Complete for Fixed Land Facilities Only. Enter antenna make (Antenna Specialists, Shakespeare, etc.) and model number or generic type (dipole, yagi, etc.). Enter the rated gain factor in decibels (db) (3 db, 6 db, etc.) and the frequency range of the antenna (2-30 MHz, 156-158 MHz, etc.). Enter two heights; above ground level which includes all supporting structures like buildings, masts, etc.; and above sea level which is the first height plus the height of local area above sea level. Enter in meters (39.37 in = 1 meter).

7. **RADIO FACILITY CHECK LIST** - To be completed by the inspector. All items must be checked except number 4, which is for RDF only.

8. **ENTER LATITUDE AND LONGITUDE OF FIXED LAND ANTENNA** (use degrees, minutes, and tenths) - If it is a transportable facility enter "TRANSPORTABLE FACILITY."

9. **AUXILIARY RADIO FACILITY CALL SIGN** - Enter assigned Auxiliary call sign or, if initial inspection, the desired call sign (Call signs are subject to approval by the Director.).

INSPECTOR INFORMATION - Enter INSPECTOR's member number, last name, and first name. Inspector must complete Section II, number 7, and sign and date the form.

SECTION III - OWNER'S MAILING ADDRESS, STATEMENT, & OFFER FOR USE Enter Owner's mailing address. Owner must sign and date the form to indicate information is correct (notify Director of any changes), the facility is offered for use, and it will be operated per current directives. The primary changes that must be reported are changes in frequencies available, antenna height, station location, or call sign.

SECTION IV - ENDORSEMENT BY DIRECTOR This section will be completed by the director who will check the appropriate box, write in the expiration year on the line after "31 DEC" and then sign and date the form.

PRIVACY ACT STATEMENT

1. **Authority:** 14USC 821 and 632.
2. **Principal Purpose:** To provide a means of selection of and accepting U.S. Coast Guard Auxiliary Radio Stations to operate under U.S. Coast Guard Authorization.
3. **Routine Uses:** Retained by directors of Auxiliary and cognizant USCG group commanders as a record of which radio facilities have been accepted by the director.
4. **Disclosure:** Voluntary, however, the detailed information requested on this form enables the Coast Guard to select qualified facilities to operate under authorization. Failure by the member to provide all or part of the information will prevent the acceptance of the radio facility by the director.

AUXILIARY PILOT QUALIFICATION AND AIRCRAFT
FACILITY INSPECTION REPORT

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-27368 (REV. 2-82)		AUXILIARY PILOT QUALIFICATION AND AIRCRAFT FACILITY INSPECTION REPORT			TYPE OF REPORT <input type="checkbox"/> ANNUAL REPORT <input type="checkbox"/> NEW OR INITIAL REPORT	
SECTION I - PILOT/OWNER DATA						DO NOT KEYPUNCH
MEMBER NUMBER (1-10)			Trans. Code (11-13) 03B	MEMBER'S LAST NAME (14-25)	ST (26)	FIRST NAME AND INITIAL
FAC STAT. (27-30) A			FAA REGIS. NO. (31-38)	FAC. INSP. DATE (39-44)	IF THIS FACILITY REPLACES ONE CURRENTLY RECORDED LIST OLD FAA REGIS. NO. D	
						(45-52)
SECTION II - PILOT REQUIREMENTS CHECKOFF LIST						
YES	NO	ITEM			YES	NO
		1. FAA Pilot License, Type & Ratings:				
		2. FAA Medical Certificate (Within 24 Mos.)				
		3. FCC Restricted R/T License (FCC No. 753B)				
		4. SAR Procedures Flight Check (Within 27 Mos.)				
		5. Night Currency (3 Landings Logged in Previous 90 Days)				
		6. Passenger Currency (3 Landings Logged in Previous 90 Days)				
		7. Biennial Flight Review Within Previous 24 Mos.				
		8. Annual Auxiliary Flight Requirement (12 Hrs. Last 6 Mos.)				
RECOM'D. FOR		INSPECTOR MEM. NO. (Do Not Keypunch)		SIGNATURE OF INSPECTOR		DATE
See Instructions						
SECTION III - AIRCRAFT FACILITY DATA						
1. YEAR	2. MANUFACTURER	3. MODEL	4. TYPE (See Instructions)	5. LOCATION OF AIRCRAFT		
SECTION IV - FACILITY INSPECTOR CHECKOFF LIST						
YES	NO	ITEM		YES	NO	ITEM
		1. Airworthiness Certificate				5. VHF-FM Radio or Sult. Ant. and Jack
		2. Annual Inspection in Last 12 Mos.				6. Aircraft Check List
		3. FCC Station License in Last 5 Yrs.				7. First Aid Kit
		4. Life Vests (Min 1 Per Seat)				8. Day/Night Flares
						9. Navigational Charts
						10. Air Surface Signals - CG-3488
						11. Req. CG Furnished Equipment
						12. ELT Battery Date Current
This aircraft was personally inspected by me this date and this report of inspection is certified to be correct, and conditions aboard are as indicated.						
FAC. INSP. Mem. NO. (Do Not Keypunch)			SIGNATURE OF INSPECTOR			DATE
SECTION V - AIRCRAFT CHARACTERISTICS DATA						
1. USEFUL LOAD (with full tanks)		2. COLOR WINGS		3. COLOR FUSELAGE		4. NO. SEATS
5. TYPE CERTIFICATION		6. CRUISE SPEED (KTS)		7. MAX. RANGE (miles)		8. MAX. ENDURANCE (Hrs.)
RADIOS	MAKE	MODEL	FREQUENCIES/CHANNELS		NAVIG.	MAKE
HF-SSB					VOR	
VHF-AM					ADF	
VHF-FM					DME/TACAN	
OTHER					RADAR	
OTHER SPECIAL EQUIP.:						
SECTION VI - OWNER STATEMENT AND SIGNATURE						
1. <input type="checkbox"/> THE ABOVE FACILITY IS HEREBY OFFERED FOR USE UNTIL WITHDRAWN IN ACCORDANCE WITH THE PROVISIONS OF APPLICABLE LAWS AND REGULATIONS THAT ARE IN EFFECT AT THE TIME THE FACILITY IS ACCEPTED, USED, AND RELEASED.						
<input type="checkbox"/> THE ABOVE FACILITY IS NOT OFFERED FOR USE.						
2. <input type="checkbox"/> I HAVE KNOWLEDGE OF THE FINDINGS OF THE FACILITY INSPECTOR AS SET FORTH ABOVE AND AGREE TO NOTIFY DIRAUX OF ANY CHANGES MADE TO THIS AIRCRAFT OR EQUIPMENT. ALL SECTIONS OF THIS FORM ARE CORRECT AND UP-TO-DATE.						
SIGNATURE OF OWNER						DATE
SECTION VII - FLOTILLA COMMANDER ENDORSEMENT						
This report has been checked and has been filled out in accordance with current instructions						
SIGNATURE OF FLOTILLA COMMANDER						DATE
SECTION VIII - DIRAUX ENDORSEMENT						
THIS AIRCRAFT IS <input type="checkbox"/> ACCEPTED AS <input type="checkbox"/> OPERATIONAL AIRCRAFT FACILITY OF THE U.S. COAST GUARD AUXILIARY						
<input type="checkbox"/> REJECTED <input type="checkbox"/> NON-OPERATIONAL						
MEMBER IS DESIGNATED:		SIGNATURE OF DIRAUX		DATE	FACILITY DECAL NO.	
Observer - C Pilot - P Operational Pilot - O Senior Pilot - S						

REPLACES CG-2746B (PREVIOUS EDITIONS ARE OBSOLETE.)

ANSC# 7005

INSTRUCTIONS

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-2736B (Rev. 2-82)	<div style="text-align: center;">INSTRUCTIONS</div> <div style="text-align: center;"><i>(Use Ballpoint pen and press firmly)</i></div>
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AUXILIARY PILOT QUALIFICATION AND AIRCRAFT FACILITY INSPECTION REPORT

This form has a dual purpose. It is used to report the annual facility certification and offer of use as well as the annual pilot requirements. It is also used to enter new and/or initial facility certification and offer of use as well as initial observer and/or pilot requirements. If you sell or trade your facility and acquire a new one, this form is used to remove the old one and enter the new facility into the data base.

The primary owner and all co-owners must complete a form. The facility inspector needs only to inspect the facility once but must sign each form in regards to Aircraft Inspection.

The Air Operations Program requires annual renewal of PILOT, OPERATIONAL PILOT, AND SENIOR PILOT Qualification. That check list is part of this form. This means that for some reporting members only Sections I and II need be completed as they may not be an air facility owning member. Likewise, for the initial qualification of an OBSERVER only Section I needs be completed. There are no observer requalification requirements.

ALL SHADED AND CROSS-HATCHED AREAS ARE FOR DIRECTOR USE ONLY

In the upper right-hand corner of the form, check TYPE OF REPORT (annual, new or initial).

SECTION I - PILOT OWNER DATA

MEMBER NUMBER - (Blocks 1 thru 10) - Beginning in block 1, enter reporting member's number.

MEMBER'S LAST NAME - (Blocks 14 thru 25) - Beginning in block 14, enter reporting member's last name.

ST (OWNER STATUS) - Block 26 - Enter "P" if reporting member is the primary owner (member holding the largest percentage of ownership if more than one owner). Enter "C" if reporting member is a co-owner. Enter "N" if reporting member does not own an air facility.

NOTE: If reporting member is NOT a facility owner, skip to SECTION II. Each facility must have a Primary Owner, husband and wife may not each indicate "C" or "P".

FAA REGISTRATION NUMBER - (Blocks 31 thru 38) - Beginning in block 31, enter the aircraft registration number assigned by the Federal Aviation Administration.

FACILITY INSPECTION DATE - (Blocks 39 thru 44) - Check pilot will enter the month, day and year of inspection. Use month, day and year numerical format, example November 15, 1982 is entered as 111582.

PREVIOUS FACILITY IDENTIFICATION NUMBER - (Blocks 45 thru 52) - Beginning in block 45, enter the old facility identification number only if this facility replaces the one you previously owned and had reported for use.

SECTION II - PILOT REQUIREMENTS CHECKOFF LIST

This section will be completed by the Inspector. The Inspector must be a SENIOR PILOT.

INSPECTOR MEMBER NUMBER - (Unnumbered Blocks) - Inspector or DIRAUX enters the applicable level of pilot qualification the reporting member has attained.

Pilot - P Operational Pilot - O Senior Pilot - S

SIGNATURE AND DATE - (Unnumbered Blocks) - Inspector or DIRAUX signs and dates the form.

NOTE: If reporting member is not a facility owner, no additional data need be collected. The Inspector should forward the form to the Flotilla Commander. If member is a co-owner, skip to Section VI.

SECTION III - AIRCRAFT FACILITY DATA

To be completed before inspection of aircraft.

1. YEAR - Enter the year the aircraft was built.
2. MANUFACTURER - Enter the manufacturer of the aircraft.
3. MODEL - Enter the model of the aircraft.
4. TYPE - There are two codes to be entered, select the ones which best describe the type of aircraft.
 - a. Code one: L - Fixed Gear F - Float A - Amphibious H - Helicopter S - Ski
 - b. Code two: Number of Engines
5. LOCATION OF AIRCRAFT - Enter the city and state where the aircraft is located.

SECTION IV - FACILITY INSPECTOR CHECKOFF LIST

This section will be completed by the Facility Inspector. The Facility Inspector must be either an OPERATIONAL PILOT or SENIOR PILOT.

SIGNATURE OF INSPECTOR AND DATE - Facility inspector signs and dates the form.

FACILITY INSPECTOR MEMBER NUMBER - (Unnumbered Blocks) - Facility inspector enters own member number.

SECTION V - AIRCRAFT CHARACTERISTICS DATA

This section is to be completed by the reporting member if this is an initial inspection or if there has been some change to aircraft equipment and/or characteristics.

USEFUL LOAD - Enter the maximum weight (in pounds) of passengers and cargo with which the aircraft can take off with a full load of fuel.

COLOR OF WINGS - Enter the color(s) of the wing paint.

COLOR OF FUSELAGE - Enter the color(s) of the fuselage paint.

NUMBER OF SEATS - Enter the number of seats; include the pilot's seat.

TYPE CERTIFICATION - Enter the type of the Federal Aviation Administration certification.

CRUISE SPEED (KTS) - Enter the aircraft's normal cruising airspeed in knots.

MAXIMUM RANGE - Enter the maximum safe distance in nautical miles the aircraft can fly without refueling.

MAXIMUM ENDURANCE - Enter the maximum safe time in hours the aircraft can remain airborne without refueling.

RADIOS - Fill in the MAKE, MODEL, and FREQUENCIES/CHANNELS of the aircraft's radio equipment.

NAVIGATION - Fill in the MAKE AND MODEL of the aircraft's navigation equipment.

OTHER SPECIAL EQUIPMENT - In the space provided list other non-avionics equipment. Example: EPIRB, strobe light, 4-man inflatable liferaft, etc.

SECTION VI - OWNER(S) STATEMENT AND SIGNATURE

Please be sure you fully understand the statements contained in this section before checking the statement which best describes your intentions on the OFFER OF USE. Any questions should be answered to the owner(s) complete satisfaction prior to signing and dating the form. If the facility is corporate-owned, the official corporate representative is to sign as the primary owner. Before a corporate-owned facility can be offered for use, the facility private ownership requirements must be waived by the Director of Auxiliary.

SECTION VII - FLOTILLA COMMANDER ENDORSEMENT

The Flotilla Commander signs, dates and forwards this form to the Director of Auxiliary in member's district or region.

SECTION VIII - DIRAUX ENDORSEMENT

This section to be completed by the Director of Auxiliary.

REMOVE THESE INSTRUCTIONS BEFORE MAILING ATTACHED
(CG-2736B AUXILIARY PILOT QUALIFICATION AND AIRCRAFT FACILITY INSPECTION REPORT)

INSTRUCTIONS

CG-3615 (Rev. 6-81)

(Use Ballpoint pen and press firmly)

This form is to be completed by the Flotilla/Division Staff Officer-Secretary/Records after each unit meeting, and serves as a record of each unit business meeting held. Should additional space be required, use reverse side of form.

UNIT NUMBER BLOCK - Enter the unit identification number of the unit reporting the meeting. Use one square per digit.

UNIT NAME BLOCK - Enter the unit name AS RECORDED IN AUXMIS. Use one square per character.

MEMBERS PRESENT BLOCK- Enter the total number of Basically Qualified plus AUXOP members who attended the meeting.

DATE BLOCK - Enter the date of the meeting. Use MMDDYY format.

MEETING TIME BLOCK - Enter the official time the meeting was brought to order. Use 24 hour clock time. For example: 8:00PM = 2000 hrs.

MEETING LOCATION BLOCK - Enter the location where the meeting was held.

TYPE MEETING BLOCK - Indicate whether the meeting was a regular or special business meeting.

UNIT OFFICERS PRESENT BLOCK - Enter the abbreviated office code and the last name of all officers attending the meeting. Abbreviated office codes are listed on the back of the form and in the Auxiliary Manual, COMDTINST M16790.1.

GUESTS PRESENT BLOCK - Enter the names, and if applicable, the functional titles of any guests attending the meeting. Print all data.

CONDENSED VERSION OF REPORTS AND MOTIONS VOTED ON BLOCK-The Staff Officer-Secretary/Records is to enter, as the block title implies, a condensed version of all reports presented and motions voted on at the meeting. Keep all entries brief and to the point. Print all data entered.

UNIT TRAINING TOPICS PRESENTED BLOCK - Any presentations concerning unit training that were brought up at the meeting are to be entered in this block. Keep explanations or descriptions brief and to the point. Print all data entered.

REMARKS BLOCK - Should any special items of interest be brought up at the meeting, such as special events, future plans, awards presentations, etc., enter a brief statement for each item. Keep statements brief and to the point. Print all data entered.

NEXT BUSINESS MEETING BLOCK - Enter the time, date, and location of the next unit meeting. Time should be entered using 24 hour clock time, and the date should be entered using the MMDDYY format.

DATE SUBMITTED BLOCK - Enter the date using the MMDDYY format.

SIGNATURE BLOCK - After ensuring the accuracy of the report as well as the legibility, the officer submitting the report is to sign his/her name in this block.

This form includes one information copy to distribution as determined by district policy. Send DIRAUX copy to the Director of Auxiliary and retain the unit copy.

REMOVE THESE INSTRUCTIONS BEFORE MAILING ATTACHED (CG-361S AUXILIARY - RECORD OF UNIT MEETING)

AUXILIARY - RECORD OF UNIT MEETING

DEPT. OF TRANSPORTATION U. S. COAST GUARD CG-3615 (Rev. 6-81)										AUXILIARY - RECORD OF UNIT MEETING																			
UNIT NO.										UNIT NAME (As recorded in AUXMIS)										Members Present BQ + AX									
DATE					MEETING TIME					MEETING LOCATION										TYPE OF MEETING (✓)									
																				REGULAR BUS.									
																				SPECIAL BUS.									
UNIT OFFICER'S PRESENT (List office abbr. and last name only)																													
GUESTS PRESENT																													
CONDENSED VERSION OF REPORTS AND MOTIONS VOTED ON (List)																													
UNIT TRAINING TOPICS PRESENTED																													
REMARKS (Include special events, future plans, awards presented, etc.)																													
NEXT BUSINESS MEETING (Give time, date, and location)																													
DATE SUBMITTED										SIGNATURE OF PERSON SUBMITTING REPORT																			

PREVIOUS EDITIONS ARE OBSOLETE
ANSC# 7017

UNIT COPY

SN 7530-00-FOI-4710

RAPIDRAFT LETTER

DEPARTMENT OF TRANSPORTATION U. S. COAST GUARD CG-3883 (Rev. 4-83)	RAPIDRAFT LETTER	MAY BE TYPED OR HANDWRITTEN
INSTRUCTIONS ORIGINATOR - Use for routine correspondence not requiring action, review, or comment by officers in the chain of command ADDRESSEE - Reply on here, returning original to originator. Keep blue copy for file.		
TO: <div style="display: flex; justify-content: space-around; height: 100px;"> <div>•</div> <div>•</div> </div>	STAFF SYMBOL/ SSIC/PHONE 	
	DATE 	
<div style="height: 390px;"></div>		
FROM: <div style="display: flex; justify-content: space-around; height: 100px;"> <div>•</div> <div>•</div> </div>	<div style="text-align: right;"> ANSC# 7104 DO NOT USE FOR CLASSIFIED CORRESPONDENCE PREVIOUS EDITION MAY BE USED SN 7530-00-FO1-5310 </div>	

AUXILIARY SAR INCIDENT REPORT

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-4612 AUX (REV. 10-96)		AUXILIARY SAR INCIDENT REPORT				PCN5200-3
MEMBER NO (1-10) _____		(11-13) _____		MEMBER LAST NAME (14-25) _____		INITIAL _____
LIVES SAVED (15-16) _____	PERSONS ASSISTED (17-18) _____	VALUE OF PROPERTY ASSISTED (19-20) \$ _____		UNIT CASE NUMBER (A-07) _____	MULTI UNIT CASE NUMBER (A-08) _____	1. DATE & TIME NOTIFIED (A-04) _____
2. GEN. METHOD OF NOTIFICATION <input type="checkbox"/> DIRECTLY BY DISTRESSED UNIT <input type="checkbox"/> 3RD PARTY RELAY INFO <input type="checkbox"/> 3RD PARTY ONLY (No request from distress unit) <input type="checkbox"/> NONE - HAPPENED UPON DISTRESSED UNIT		3. SPECIFIC METHOD OF NOTIFICATION (A-08) <input type="checkbox"/> HAND SIGNALS <input type="checkbox"/> TELEPHONE <input type="checkbox"/> DISTRESS FLAG <input type="checkbox"/> CELLULAR <input type="checkbox"/> VHF-FM CHANNEL _____ <input type="checkbox"/> OTHER _____		3. RESPONSE CLASSIFICATION (A-09) <input type="checkbox"/> EMERGENCY SAR <input type="checkbox"/> NON-EMERGENCY SAR <input type="checkbox"/> SORTIE LAUNCHED <input type="checkbox"/> REFERRED TO OTHER CG RESOURCES <input type="checkbox"/> COMMUNICATIONS ASSISTANCE ONLY <input type="checkbox"/> OTHER _____		
4. REASON FOR NON EMERGENCY SORTIE (A-10) (ONLY IF #3 - NON EMERGENCY SAR) <input type="checkbox"/> NON-CG RESOURCE NOT AVAILABLE <input type="checkbox"/> COMMERCIAL FIRM UNABLE TO RESPOND <input type="checkbox"/> AUX/CG CLOSER TO SCENE / HAPPENED UPON <input type="checkbox"/> OTHER _____		5. PERSONNEL (A-11) RESOURCE TIME TOTAL HR. _____ MIN. _____		6. ASSISTANCE TO PERSON (C-01) <input type="checkbox"/> RESCUED FROM WATER <input type="checkbox"/> PROVIDED FIRST AID-ILLNESS <input type="checkbox"/> PROVIDED FIRST AID-INJURY <input type="checkbox"/> CPR <input type="checkbox"/> DELIVERED MEDICINE <input type="checkbox"/> NONE-FALSE ALARM <input type="checkbox"/> NONE-OTHER UNIT SOLVED PROBLEM <input type="checkbox"/> NONE POSSIBLE / REQUIRED <input type="checkbox"/> NONE-SEARCHED, NOT FOUND <input type="checkbox"/> OTHER _____		
7. ASSISTANCE TO PROPERTY (C-01) <input type="checkbox"/> TOWED <input type="checkbox"/> DEWATERED <input type="checkbox"/> REMOVED FROM DANGEROUS SITUATION <input type="checkbox"/> STOOD-BY <input type="checkbox"/> ESCORTED <input type="checkbox"/> REANCHORED / ANCHORED / MOORED <input type="checkbox"/> MADE REPAIRS <input type="checkbox"/> FOUGHT FIRE <input type="checkbox"/> DELIVERED FUEL <input type="checkbox"/> NONE-FALSE ALARM <input type="checkbox"/> NONE-OTHER UNIT SOLVED PROBLEM <input type="checkbox"/> NONE POSSIBLE / NONE REQUIRED <input type="checkbox"/> OTHER _____		8. (WHEN ONLY) COMMUNICATION ASSISTANCE RENDERED (C-02) <input type="checkbox"/> PROVIDE MEDICAL INFORMATION <input type="checkbox"/> LOCATED PRECOM / EXCOM <input type="checkbox"/> ADVISE IN FIXING DAMAGE <input type="checkbox"/> ATTEMPTED COMMS / NOT LOCATED <input type="checkbox"/> NAVIGATIONAL INFORMATION _____		9. PATROL STATUS _____ NUMBER OF CREW MEMBERS _____ (C-05) (COXSWAIN) FLOTILLA NUMBER _____ 0 0 0 AUXILIARY CREW MEMBERS NAMES _____ MEMBER NUMBER _____		
10. AUX/ASSIST RESOURCE TYPE (D-01) <input type="checkbox"/> AUX FLOATING UNIT <input type="checkbox"/> AUX AIRCRAFT <input type="checkbox"/> AUX RADIO STATION <input type="checkbox"/> VEHICLE <input type="checkbox"/> PERSONNEL ONLY <input type="checkbox"/> OTHER _____		11. DATE/TIME (E.g. April 5, 1995 at 1:00 PM reads 04/05/95 1300) FACILITY UNDERWAY (When directed to assist) (D-03) _____ DEPARTED SCENE (D18) _____ DATE ____/____/____ TIME ____:____:____ DATE ____/____/____ TIME ____:____:____ DISTRESSED UNIT LOCATED (D-09) _____ SORTIE ENDED (D19) _____ DATE ____/____/____ TIME ____:____:____ DATE ____/____/____ TIME ____:____:____				
12. DISTANCE TO SEARCH AREA (D-05) _____ NM SCENE OF DISTRESS (D-07) _____ NM		13. WEATHER INFORMATION WAVE HT _____ FT WINDS (SPEED) _____ KTS (DIRECTION) _____ T VISIBILITY _____ NM		ON SCENE WEATHER (D-08) <input type="checkbox"/> CLEAR <input type="checkbox"/> PARTLY CLOUDY <input type="checkbox"/> OVERCAST <input type="checkbox"/> RAIN <input type="checkbox"/> FOG <input type="checkbox"/> SNOW <input type="checkbox"/> STORM <input type="checkbox"/> OTHER _____		
14. CAUSE OF INCIDENT (B-02) _____		15. DISTRESSED UNIT'S ACTUAL LOCATION IF NOT FOUND, USE DISTRESSED UNIT INITIAL DISTRESS (B-10) LOCATION FOR REPORT LATITUDE _____ N S BODY OF WATER _____ LONGITUDE _____ E W CLOSEST CITY & STATE _____				
16. DISTANCE (B-12) OFF SHORE MILES _____		17. OWNERSHIP (OF VSL ASSISTED) (B-13) <input type="checkbox"/> RECREATION <input type="checkbox"/> RENTAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> UNINSPECTED PASSENGER VSL		<input type="checkbox"/> STATE/LOCAL GOVERNMENT <input type="checkbox"/> FOREIGN OWNED (COUNTRY) _____ <input type="checkbox"/> FEDERAL <input type="checkbox"/> OTHER _____		18. USAGE (B-13) _____
20. ASSISTED VESSELS IDENTIFICATION (B-15) NAME _____ DOCUMENTATION NR. _____		21. OWNER OR OPERATOR (B-16) NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____ AGE _____ SEX _____		22. PROPERTY - VALUE (B-22) LOST \$ _____,000.00 DAMAGED \$ _____,000.00 SAVED \$ _____,000.00 OTHERWISE ASSISTED \$ _____,000.00 DID VESSEL SINK OR WAS AIRCRAFT DESTROYED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UK WAS THERE OIL IN THE WATER RESULTING FROM THE INCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO		19. LENGTH (B-14) LENGTH _____ FT / NET TONS _____ PROPULSION _____
23. LIVES (B-18) (B-20) (B-19) LOST BEFORE CG NOTIFIED _____ BEFORE ALONGSIDE _____ AFTER ALONGSIDE _____ AFTER ON BOARD _____ AFTER ASHORE _____ SAVED _____ TOTAL _____ Persons Assisted						

AUXILIARY SAR INCIDENT REPORT

Reverse CG-4612 AUX (REV. 10-96)

Always complete questions 1 - 13

1. Enter date and time you received request for assistance or when directed by SCM to render assistance, report time as on a 24 hour clock (e.g., 1:00 PM on April 5, 1996, would be written as 04/05/96 1300.
2. How you were notified, if you were notified by another unit then how they were notified. Check the appropriate box(s), if "Other" checked, specify.
3. Check the appropriate box(s), if "Other" checked, specify.
4. If question 3 answered as Non-Emergency SAR check appropriate box.
5. Give total time for all personnel on facility assisting in case.
(Example: 2 boat crew persons worked 35 minutes. Total Hr. 1 Min. 10.)
6. Check the appropriate box, if "other" checked, specify.
7. Check the appropriate box(s), if "other" checked, specify.
8. Check the appropriate box when ONLY communications assistance rendered. If "Other" checked specify.
9. Enter appropriate number on Patrol status line: 1 = Reimbursable Patrol, 2 = Non-Reimbursable Patrol, 3 = Assistance by AUX member car. 4 = Watchstander or other shore based non-patrol duty. Enter the number of crew on board (include Coxswain). Write in Coxswain's flotilla number. Indicate name and member number for each crew member.
10. Check the appropriate box(s), if "other" checked, specify.
11. Enter date and time, report time as on a 24 hour clock (See #1 above.)
12. Give best estimate in nautical miles, (e.g. 2NM, 2.5NM, 12.3NM) to SEARCH AREA from the nearest point of land. Distance TO ON SCENE OF DISTRESS is from the harbor you left or diversion point in NMs.
13. Fill in ON SCENE weather conditions and check appropriate box(s), if "Other" checked, specify. The weather should be On Scene weather, if object not found then give the weather in the search area. The wind direction is the direction from which the wind is blowing in degrees True (e.g., 055 T).

Complete questions 14-23 (the area with the heavy shaded border) when on a case with no C.G. unit involvement or where SMC or other C.G. unit cannot obtain information.

14. Write one of the following: WEATHER, MECHANICAL, FUEL SUPPLY, HUMAN FACTOR, CARGO, UNKNOWN, then try to be more specific (e.g., mechanical/battery dead, mechanical/broken water pump on engine, etc.)
15. Give Lat/Long, river name and mile, or body of water and closest city and state. (circle direction as appropriate-N S E W)
16. Use statute miles, at least 1 and no decimals. For incidents occurring ashore (not grounding), use "0." For inland waters use "1."
17. Check appropriate box. If "Foreign Owned" checked, indicate what country vessel is registered.
18. Indicate one of the following: Fishing, Motorboating, Sailing, Commercial Fishing, Passenger for Hire, Jet Ski, Water Skiing, Sailboarding, or Other (Specify). For personnel only or marine vehicles, use "0."
19. State length in feet and/or net tons for documented vessels. Write in appropriate type of propulsion, (e.g. IB, OB, I/O, SAIL, ROWING, etc.).
20. Enter vessel's name in the blank. Enter vessel's registration or documentation number, or write Un-Registered/Un-Documented.
21. If possible fill out information on Owner or Operator.
22. Give estimate for each. Include cargo lost in value estimate and check appropriate box.
23. Give on the appropriate line: The number of lives lost, if any, the number of lives saved, if any, (this is the number of person/s helped, if it was probable one or more would have died if assistance had not been rendered). The total number of person/s assisted.
ATTACH ADDITIONAL SHEETS IF AMPLIFYING INFORMATION IS REQUIRED (ANY COMMENTS FELT IMPORTANT TO THE CASE).

U.S. COAST GUARD AUXILIARY NOTICE OF INTENT TO TEACH
Public Education Course

U.S. COAST GUARD AUXILIARY NOTICE OF INTENT TO TEACH
Public Education Course

CIRCLE COURSE # (List only one/form)	
01	Boating Skills & Seamanship (BS&S)
02	Sailing and Seamanship (S&S)
03	Advanced Coastal Navigation (ACN)
04	Basic Coastal Navigation (BCN)
05	Personal Watercraft (PWC)
06	Boating Safety (BSC)
07	Water 'N Kids (WNK)
08	Boats 'N Kids (BNK)
09	Other _____
NOTIFICATION (Check/fill in)	
<input type="checkbox"/>	01 BOAT/U.S. Foundation (800-336-2628)(800-245-2628 in VA)
<input type="checkbox"/>	02 Local Coast Guard Unit
<input type="checkbox"/>	03 Media-List _____
<input type="checkbox"/>	04 Other - Explain _____ _____ _____

COURSE INFORMATION	
Location: _____	
Building Address _____	Room No. _____
City _____	State _____
Start date: _____	End Date: _____ Registration date: _____
Number of lessons: _____	Cost: \$ _____
Contact No. 1: _____	
Name _____	Telephone No. _____
Contact No. 2: _____	
Name _____	Telephone No. _____
List six other cities or communities this course will service:	
1. _____	2. _____ 3. _____
4. _____	5. _____ 6. _____
Taught by Flotilla _____ Date Submitted _____	

DEPT OF TRANSP USCG CG4691 (Rev 4-95) Previous Editions Obsolete
ANSC# 7023

AUXILIARY-NOTICE OF PUBLIC EDUCATION COURSE- WHITE



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST CLASS MAIL PERMIT NO 388 ALEXANDRIA, VA



POSTAGE WILL BE PAID BY ADDRESSEE
BOAT/U.S. Foundation
For Boating Safety
880 SOUTH PICKETT ST
PO BOX 28000
ALEXANDRIA VA 22304-9832

AUXILIARY OPERATIONAL SPECIALTY COURSE EXAMINATION ANSWER SHEET

★ U.S. GOVERNMENT PRINTING OFFICE: 1993-711-782

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-4886 (11-78) ANSC# 7010		AUXILIARY OPERATIONAL SPECIALTY COURSE EXAMINATION ANSWER SHEET	
Auxiliaries: Fill in blanks completely. Make your marks with a No. 2 black lead pencil. Enter in the designated blocks your social security number, course code number, edition, test number and OPFAC number. Next, carefully fill in the numbers opposite the blocks you have just marked. Answer spaces are arranged in vertical sequence. Make only one mark to answer one question. To avoid erasures, at first mark your selection lightly or with a small dot. Then, after you are satisfied no changes will be made, darken circles carefully.		EXAMPLE WRONG 1 (A) <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> WRONG 2 (A) <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> WRONG 3 (A) <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> RIGHT 4 (A) <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>	NAME (Last, First, Middle) MEMBER NO. EXAM TITLE MEMBER'S MAILING ADDRESS
PRIVACY ACT OF 1974 A. AUTHORITY FOR USE AND WHETHER MANDATORY OR VOLUNTARY - 14 U.S.C. Sec 633. Voluntary. B. PRINCIPAL PURPOSE - Identify student record. Score test answers. C. ROUTINE USES - Establish score on test. Enter score on student record. D. EFFECT ON YOU IF YOU DO NOT PROVIDE THE INFORMATION REQUESTED - Your answer sheet will not be scored. You will not achieve course completion.			

SOCIAL SECURITY NUMBER												OPFAC NUMBER												COURSE CODE			TEST NO.	DATE TEST ADMINISTERED				DO NOT WRITE IN THIS BLOCK FOR USE OF U.S. COAST GUARD INSTITUTE					
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jan.	0					A	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	Feb.	2					B	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	Mar.	3	0	0		0	C	2	2	2	
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	Apr.	4	1	1		1	D	3	3	3	
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	May	5	2	2		2	E	4	4	4	
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	Jun.	6	3	3		3	F	5	5	5	
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	Jul.	7	4	4		4	G	6	6	6	
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	Aug.	8	5	5		5	H	7	7	7	
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	Sep.	9	6	6		6	I	8	8	8	
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	Oct.	10	7	7	7	7	J	9	9	9	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Nov.	11	8	8	8	8					
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	Dec.	12	9	9	9	9					

1	A B C D	16	A B C D	31	A B C D	46	A B C D	61	A B C D	76	A B C D	91	A B C D	106	A B C D
2	A B C D	17	A B C D	32	A B C D	47	A B C D	62	A B C D	77	A B C D	92	A B C D	107	A B C D
3	A B C D	18	A B C D	33	A B C D	48	A B C D	63	A B C D	78	A B C D	93	A B C D	108	A B C D
4	A B C D	19	A B C D	34	A B C D	49	A B C D	64	A B C D	79	A B C D	94	A B C D	109	A B C D
5	A B C D	20	A B C D	35	A B C D	50	A B C D	65	A B C D	80	A B C D	95	A B C D	110	A B C D
6	A B C D	21	A B C D	36	A B C D	51	A B C D	66	A B C D	81	A B C D	96	A B C D	111	A B C D
7	A B C D	22	A B C D	37	A B C D	52	A B C D	67	A B C D	82	A B C D	97	A B C D	112	A B C D
8	A B C D	23	A B C D	38	A B C D	53	A B C D	68	A B C D	83	A B C D	98	A B C D	113	A B C D
9	A B C D	24	A B C D	39	A B C D	54</									

AUXILIARY OPERATIONAL SPECIALTY COURSE EXAMINATION
REQUEST/TRANSMITTAL FORM

DEPARTMENT OF TRANSPORTATION U. S. COAST GUARD CG-4887 (1-73) ANSC# 7026	AUXILIARY OPERATIONAL SPECIALTY COURSE EXAMINATION REQUEST/TRANSMITTAL FORM	DATE (Month, Day, Year)		
INSTRUCTIONS: 1. Submit original and 2 copies to Director of Auxiliary. 2. Form may be completed with ball point pen. Please Print.				
MEMBER NUMBER	LAST NAME FIRST NAME INITIAL	NAME OF EXAMINATION REQUESTED	HOW MANY TIMES HAS APPLICANT TAKEN AN EXAM IN THIS SUBJECT	FOR DIRAUX USE ONLY EXAMINATION SERIAL NO.

1. It is requested that the OSC exam for the above listed members be administered on _____, 19 ____.

2. For those members who have taken and failed a previous examination in the same subject, the required time will have passed by the date of administration requested above.

3. Arrangements for conducting the examinations may be made by contacting the Auxiliarist whose name, address and telephone number is listed below.

Name _____

Address _____

Telephone _____

Signature of FSO-MT or FC

FIRST ENDORSEMENT Date _____

From: _____

To: _____

1. You are requested to administer the enclosed examinations in accordance with the instructions on the reverse side of this form.

Signature of Director of Auxiliary

SECOND ENDORSEMENT Date _____

From: _____

To: _____

1. The examinations were administered on _____ 19 ____ at _____
 by me in accordance with the instructions on the reverse of this form. Those examinations which were not administered are: (1) indicated by an asterisk (*) by the serial number listed above, (2) returned unopened, and (3) were not administered for the following reason:

Signature of Proctor

INSTRUCTIONS

1. The proctor must be a person in one of the following categories:
 - a. A commissioned, warrant, or petty officer of the regular Coast Guard or Coast Guard Reserve on active duty.
 - b. A commissioned or warrant officer of the Coast Guard Reserve on inactive duty.
 - c. An AUXOP member of the Coast Guard Auxiliary who has been specifically designated by the director of Auxiliary to administer Operational Specialty Examinations.
2. The proctor shall be present with examinees throughout the examination.
3. The proctor shall not answer substantive questions about the examination or allow students to assist each other in any way.
4. The proctor shall not open the examination envelope until all students are seated and ready to begin. At that time he shall pass out the examinations, answer sheets, No. 2 lead pencils, and scratch paper and read aloud the following instructions to the students.
 - a. Check the subject of the examination provided to be sure that this is the examination requested.
 - b. Place in front of you the blank answer sheet provided.
 - (1) Carefully make all marks on this answer sheet with the No. 9 black lead pencil provided. Be careful to make no stray pencil marks on the answer sheet as it will be machine-graded. To avoid erasures, it is suggested that at first you mark your selection lightly with a small dot. Then, after you are satisfied that no changes will be made, darken the blocks carefully.
 - (2) Print your name, last name first, on the line provided.
 - (3) Enter your 10 digit Member Number. i.e. 120-04-11-147 for 12th District, 4th division, 11th flotilla, 147th member and 03S-08-02-056 for 3rd District Southern Area, 8th division, 2nd flotilla, 56th member.
 - (4) On the line marked. Exam Title, enter the name of the examination as listed on the front of your examination booklet.
 - (5) Under Member's Mailing Address, list the address to which you desire the results of this examination to be mailed.
 - (6) In the block entitled Date of Examination, first darken the space under the appropriate month. Under "Ten's digit" darken the space corresponding to the first digit in the date, a zero it is the 1-9th of the month. Under "Unit's digit" mark the second digit of the date.
 - (7) Enter your Social Security number in the block provided, starting at the top.
 - (8) Enter the 3 digit course code, the 1 digit edition number and the 2 digit test number (*not the serial number*) found on the front of the examination booklet.
 - (9) Enter the 7 digit OPFAC number listed on the front of the examination booklet.
 - (10) Now blacken in the appropriate spaces to the right of the blocks you have just completed.
 - c. Any marks made in the examination booklet will result in the disqualification of the student. There is no time limit, but the test must be taken in one sitting and without breaks. You may talk with no one but me during this examination. All examination booklets, answer sheets, scratch paper and pencils shall be returned to me at the completion of the examination. No copies of the examination or of the answers, or of any portions thereof either directly or in paraphrase form shall be made or divulged. **YOU MAY BEGIN NOW.**
5. When all students are finished, all answer sheets, scratch paper, and copies of the examinations shall be placed in the smaller of the two envelopes provided and the envelope sealed. No copies shall be retained for administering at a later time. Such postponements shall constitute an additional examination and the request for such postponed examinations shall be processed in accordance with procedures established by the Director of Auxiliary.
6. After the examination envelope is sealed, the second endorsement on this form shall be completed by the proctor. The original of this form shall be placed on the outside of the (*inner*) envelope, and the copy retained by the proctor for his records.
7. The proctor shall then enclose the examination envelope in the larger envelope provided and mail it promptly to the Director of Auxiliary.

Manufacturer ID Code System (MIC)

Manufacturer ID Code System (MIC) Mailing Label System (MLS) Coding Sheet		Office Submitting Transaction: CGAUX DISTRICT MSO/MIO <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> OTHER <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	
DATE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>			
ACTION CODE <input type="checkbox"/> ADDITION <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETION	MAILING LIST <input type="checkbox"/> General <input type="checkbox"/> Boating Safety Circular <input type="checkbox"/> No mailings requested or wanted	BUSINESS TYPE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> See reverse side	DISTRICT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> MIC <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
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COMPANY NAME (Abbreviate if longer than spaces provided) <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>			
ADDITIONAL COMPANY NAME (Abbreviate if longer than spaces provided) <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>			
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<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div> FOR MIC TRANSACTIONS ONLY: TEL. <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> <div> NEW COMPANY <input type="checkbox"/> ACTIVE COMPANY <input type="checkbox"/> OUT OF BUSINESS <input type="checkbox"/> </div> </div> </div>			

DEPT. OF TRANSP., USCG, CG-5093 (Rev 7-90)

PREVIOUS EDITIONS ARE OBSOLETE ANSC# 7047

SN 7530-01-GF2-5350

INSTRUCTIONS

REVERSE OF CG-5093 (REV. 7-90)

INSTRUCTIONS	
DATE: Fill in the current date.	
ACTION CODE: For an add transaction, fill in every field. For a BSC add transaction, make sure the company isn't already on the mailing list. For changes, fill in every field, even those with no changes. Circle all changes. For deletions, fill in the entire record as it currently exists. MIC records are not deleted, but are placed in "out of business" status.	
ID CODE: When a transaction affects the mailing list, but not the ID code file, leave the ID code blank. When a transaction affects the ID code file, not the mailing list, fill in the ID code.	
NAME OF CONTACT: If a MLS transaction, fill in the name of the individual to receive mail. If a MIC transaction, fill in the contact at the company.	
TELEPHONE NUMBER: If a MIC transaction, fill in the telephone number of the contact at the company.	
CURRENT COMPANY NAME: Fill in the latest name by which the company is doing business.	
ADDITIONAL COMPANY NAME: If a MIC transaction, fill in additional name by which the company is doing business.	
STATE: Use the standard two letter postal code.	
PREVIOUS ZIP CODE: If address changes, fill in old zip code. This eases finding and changing the existing record.	
PREVIOUS MLS NUMBER: If address changes, fill in old MLS number from an existing mailing label. This eases finding and changing the existing record.	
BUSINESS TYPES - 2 DIGIT CODES	
BOAT MANUFACTURERS	
11 Outboards, Open Motorboats, Jon Boats	17 Thrillcraft, Personal Watercraft, Jetboats, Skiboats
12 Inboards/Cabin Cruisers	18 Miscellaneous
13 Inboard/Outboard, Sterndrive, Inboard/Outdrive	19 Houseboats
14 Sailboats (with or w/o engine), Catamaran, Trimaran	20 Airboats
15 Canoes, Kayaks	21 Pontoon Boats
16 All Terrain Vehicles	
ENGINE MANUFACTURERS	
31 Outboards	33 Inboard/Outboard, Sterndrive
32 Inboards	34 Miscellaneous (water, electric, etc.)
OTHER	
C1 Consumer Protection Offices	69 Unknown Manufacturers
C2 Congressional Offices	70 Distributors/Dealers*
CT Commercial Towing Operators	71 Boat Rentals
	72 Importers
40 Consumer Organizations	73 Participating Dealers
41 Industry or Business	81 Coast Guard
42 Outdoor Writers	82 Coast Guard Auxiliary
43 Marinas and Recreation Areas	83 U.S. Power Squadron
44 Marine Repair	84 Yacht Clubs
45 Safety Organizations (and those interested)	85 State Boating Law Administrators
46 NSBC	86 News Media
47 Educational/Seminar	87 Boating Magazines
48 NBSAC	88 Boating Associations
49 Boating Statistics Recipients	89 Library
	90 Boating Writers International
50 Component Manufacturer	91 Testing Laboratories
51 Fuel System (carburetor, tank, pump, etc.)	92 Boating Educators
52 Electrical System (cable, battery, etc.)	93 Naval Architects and Marine Engineers
53 Deck Equipment	94 Interested Parties
54 Auxiliary Powered Equipment	95 Insurance Companies
55 Emergency Equipment	96 Government Agencies
56 Foreign Manufacturers	97 Marine Consultants
57 Marine Sanitation Devices	98 Law Enforcement
58 Stoves	99 Marine Financing
*Note: Use business types 11 through 34 for describing manufacturers' product lines only, not products sold by dealers. Also, a dealer is either a non-participating dealer (Type 70) or a participating dealer (Type 73); not both.	

COAST GUARD AUXILIARY PATROL ORDER

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5132 (Rev 1-97)	COAST GUARD AUXILIARY PATROL ORDER (Instructions and Privacy Act Statement on page 2)	TYPE 27	FY	ORDER NUMBER									
SECTION I - AUTHORIZATION													
FROM (Order Issuing Authority)													
TO (Name and address of operator)		MEMBER #:											
		FACILITY ID #:											
		# OF CREW REQUIRED (Including operator):											
1. PERFORM THE FOLLOWING AUTHORIZED <input type="checkbox"/> REIMBURSABLE <input type="checkbox"/> NON-REIMBURSABLE DUTY PER CURRENT POLICY.													
2. ACCOUNTING DATA													
	AUTHORIZED	ESTIMATED COST	DIST	APPN	LIM	ALLOT	PRO ELEMENT	COST CENTER	OBJ. CODE				
FUEL COST	Yes <input type="checkbox"/> No <input type="checkbox"/>												
SUBSISTENCE COST	Yes <input type="checkbox"/> No <input type="checkbox"/>												
AUTO/TRAILERING COST	Yes <input type="checkbox"/> No <input type="checkbox"/>												
SIGNATURE OF ORDER ISSUING AUTHORITY:								DATE:					
SECTION II - CLAIM FOR REIMBURSEMENT													
1. ITINERARY	DATE	TIME	LOCATION					AUTO/TRAILER DATA					
Departed Home/Office								Miles:					
Arrived Launch Site								Cost:					
Facility in Use													
Facility Use Ended													
Departed Launch Site								Miles:					
Returned Home/Office								Cost:					
2. LIST NAME AND MEMBER # (AS APPROPRIATE) OF ALL PERSONNEL ON BOARD (less operator)													
A.					E.								
B.					F.								
C.					G.								
D.					H.								
3. REIMBURSABLE EXPENSES	RECEIVED IN KIND (GOVERNMENT PROVIDED)		TOTAL CREW / TRAINEES / AUTHORIZED PASSENGERS								TOTAL	GRAND TOTAL	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	OPR	A	B	C	D	E	F	G	H		
Breakfast	Yes <input type="checkbox"/>	No <input type="checkbox"/>											
Lunch	Yes <input type="checkbox"/>	No <input type="checkbox"/>											
Dinner	Yes <input type="checkbox"/>	No <input type="checkbox"/>											
Fuel, Oil	Yes <input type="checkbox"/>	No <input type="checkbox"/>											
Ice	Yes <input type="checkbox"/>	No <input type="checkbox"/>											
Trailer Costs, Ramp Fees, Lock Fees													
Other (Official Telephone Costs, etc.)													
I HEREBY CERTIFY that the above claim is accurate. My crew and I made these expenditures in the use of the Facility listed above, in carrying out the duties specified in this ORDER. No previous payment for this patrol has been received.													
SIGNATURE OF OPERATOR:											DATE:		
MAIL CHECK TO (Name and address):										SIGNATURE OF CLAIMANT:			
										SSN:			
										MEMBER #:			
SECTION III - ENDORSEMENT BY ORDER ISSUING AUTHORITY													
1. THIS CLAIM: <input type="checkbox"/> FORWARDED, APPROVED FOR PAYMENT <input type="checkbox"/> RETURNED, DISAPPROVED FOR PAYMENT													
SIGNATURE OF ORDER ISSUING AUTHORITY:											DATE:		

Previous edition is obsolete

ANSC# 7000

PRIVACY ACT STATEMENT

PAGE 2 OF CG-5132 (Rev. 1-97)

PRIVACY ACT STATEMENT

- | | |
|------------------------------|---|
| 1. <u>Authority:</u> | 14 USC 821 and 632. |
| 2. <u>Principal Purpose:</u> | Used to maintain accurate records of (a) patrols conducted by Auxiliaries and (b) claims brought against the Coast Guard by Auxiliaries following an authorized patrol. |
| 3. <u>Routine Uses:</u> | (a) to issue patrol orders and (b) to substantiate claims for reimbursement. |
| 4. <u>Disclosure:</u> | Voluntary. Failure to provide the requested information may (a) result in total or partial denial of amount claimed and (b) will prevent the issuance of patrol orders. |

A. THE ORDER ISSUING AUTHORITY SHOULD ENTER INFORMATION IN THE FOLLOWING AREAS

ORDER NUMBER: Enter complete DAFIS document number beginning with document type 27.

SECTION I - AUTHORIZATION

FROM: Enter title of Order Issuing Authority.

TO: Enter selected operator's name and address.

MEMBER #: Enter the operator's member number.

FACILITY ID #: Enter the district assigned identification number.

OF CREW REQUIRED: Enter the total number of crew REQUIRED by the district for patrol/mission, including operator.

1. **PERFORM AUTHORIZED DUTY:** Check reimbursable or non-reimbursable. Enter description of duty including dates, places, reporting requirements, etc., and indicate how trailing costs are reimbursed (either mileage or receipts). Add sufficient Continuation Sheets, CG-5132-1, with appropriate sections completed, to cover multi-patrol orders.

2. **ACCOUNTING DATA:** Indicate whether Fuel, Subsistence or Auto/Trailing costs are authorized. Enter estimated cost and complete the accounting line for each. For boat fuel, add a "7" (2637/000) in accounting data; for aircraft fuel, add a "2" (2632/000).

SIGNATURE OF ORDER ISSUING AUTHORITY: Enter name of person authorized to sign as Order Issuing Authority and obtain signature.

DATE: Enter the date orders were issued (must be on or before date of actual patrol).

SECTION III - ENDORSEMENT BY ORDER ISSUING AUTHORITY

1. **THIS CLAIM:** Once form is returned for reimbursement, mark "Approved for Payment" or "Disapproved for Payment." If approved, send original to FINCEN; if disapproved, return to member.

SIGNATURE OF ORDER ISSUING AUTHORITY: Enter name of person authorized to sign as Order Issuing Authority and obtain signature.

DATE: Enter date endorsement was signed.

B. THE OPERATOR SHOULD ENTER INFORMATION IN THE FOLLOWING AREAS

SECTION II - CLAIM FOR REIMBURSEMENT

1. **ITINERARY:** Complete ALL DATE, TIME AND LOCATION BLOCKS. Fill in mileage or trailing costs, as authorized (attach required receipts). Complete attached Continuation Sheet(s), CG-5132-1, if any, to be reimbursed for multi-patrol orders.

2. **LIST NAME AND MEMBER # OF ALL PERSONNEL ON BOARD:** Enter the name and member number (as appropriate) for REQUIRED crew plus all trainees and passengers authorized to be on board, but DO NOT list the operator.

3. **REIMBURSEABLE EXPENSES:** FINCEN will compute meal reimbursements based on current BAS rates. Mark boxes of items received in kind (those furnished by the Coast Guard or sometimes from a Coast Guard authorized vendor). If item, other than meals, was not received in kind, mark NO and enter total dollar amount. However, do not enter anything in Total Crew/Trainees/Passengers Breakfast, Lunch or Dinner boxes, except a mark to indicate it was received. "Reimbursable" orders must be returned even if no reimbursement is desired or the patrol was not accomplished. If no reimbursement is desired, or necessary because patrol was not accomplished, mark the orders as such and return to order issuing authority.

SIGNATURE OF OPERATOR: Operator must sign certification. This certification is required by law. Forward the signed and appropriately completed forms as directed.

DATE: Enter date that operator signed the claim certification.

MAIL CHECK TO: Enter name and address of the claimant (person to receive the reimbursement for the patrol).

SIGNATURE OF CLAIMANT: The person who is to receive the reimbursement for the patrol must sign here.

SSN: Enter the claimant's Social Security Number.

MEMBER#: Enter the claimant's member number.

COAST GUARD AUXILIARY PATROL ORDER CONTINUATION SHEET

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5132-1 (Rev. 1-97)		COAST GUARD AUXILIARY PATROL ORDER CONTINUATION SHEET (Instructions and Privacy Act Statement on page 2)										TYPE 27	FY	ORDER NUMBER		
PATROL # CLAIM FOR REIMBURSEMENT																
1. ITINERARY		DATE	TIME	LOCATION								AUTO/TRAILER DATA				
Departed Home/Office												Miles:				
Arrived Launch Site												Cost:				
Facility in Use																
Facility Use Ended																
Departed Launch Site												Miles:				
Returned Home/Office												Cost:				
2. LIST NAME AND MEMBER # (AS APPROPRIATE) OF ALL PERSONNEL ON BOARD (less operator)																
A.				E.												
B.				F.												
C.				G.												
D.				H.												
3. REIMBURSABLE EXPENSES		RECEIVED IN KIND (GOVERNMENT PROVIDED)		TOTAL CREW / TRAINEES / AUTHORIZED PASSENGERS										TOTAL	GRAND TOTAL	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	OPR	A	B	C	D	E	F	G	H				
Breakfast		Yes <input type="checkbox"/>	No <input type="checkbox"/>													
Lunch		Yes <input type="checkbox"/>	No <input type="checkbox"/>													
Dinner		Yes <input type="checkbox"/>	No <input type="checkbox"/>													
Fuel, Oil		Yes <input type="checkbox"/>	No <input type="checkbox"/>													
Ice		Yes <input type="checkbox"/>	No <input type="checkbox"/>													
Trailer Costs, Ramp Fees, Lock Fees																
Other (Official Telephone Costs, etc.)																
PATROL # CLAIM FOR REIMBURSEMENT																
1. ITINERARY		DATE	TIME	LOCATION								AUTO/TRAILER DATA				
Departed Home/Office												Miles:				
Arrived Launch Site												Cost:				
Facility in Use																
Facility Use Ended																
Departed Launch Site												Miles:				
Returned Home/Office												Cost:				
2. LIST NAME AND MEMBER # (AS APPROPRIATE) OF ALL PERSONNEL ON BOARD (less operator)																
A.				E.												
B.				F.												
C.				G.												
D.				H.												
3. REIMBURSABLE EXPENSES		RECEIVED IN KIND (GOVERNMENT PROVIDED)		TOTAL CREW / TRAINEES / AUTHORIZED PASSENGERS										TOTAL	GRAND TOTAL	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	OPR	A	B	C	D	E	F	G	H				
Breakfast		Yes <input type="checkbox"/>	No <input type="checkbox"/>													
Lunch		Yes <input type="checkbox"/>	No <input type="checkbox"/>													
Dinner		Yes <input type="checkbox"/>	No <input type="checkbox"/>													
Fuel, Oil		Yes <input type="checkbox"/>	No <input type="checkbox"/>													
Ice		Yes <input type="checkbox"/>	No <input type="checkbox"/>													
Trailer Costs, Ramp Fees, Lock Fees																
Other (Official Telephone Costs, etc.)																

ANSC# 7000A

PRIVACY ACT STATEMENT

PAGE 2 OF CG-5132-1 (Rev. 1-97)

PRIVACY ACT STATEMENT

1. **Authority:** 14 USC 821 and 632.
2. **Principal Purpose:** Used to maintain accurate records of (a) patrols conducted by Auxiliaries and (b) claims brought against the Coast Guard by Auxiliaries following an authorized patrol.
3. **Routine Uses:** (a) to issue patrol orders and (b) to substantiate claims for reimbursement.
4. **Disclosure:** Voluntary. Failure to provide the requested information may (a) result in total or partial denial of amount claimed and (b) will prevent the issuance of patrol orders.

A. THE ORDER ISSUING AUTHORITY OR OPERATOR MUST ENTER INFORMATION IN THE FOLLOWING AREAS

ORDER NUMBER: Enter complete DAFIS document number beginning with document type 27.

PATROL #: CLAIM FOR REIMBURSEMENT: Enter the sequential patrol number after "PATROL #" and before "CLAIM FOR REIMBURSEMENT." For example, the original order form will contain patrol #1, so the first continuation sheet will contain patrols #2 and #3. Add sufficient Continuation Sheets, CG-5132-1, with appropriate sections completed for number of patrols indicated in "Perform the following . . . per current policy" paragraph of original order form, CG-5132 (Rev. 1-97).

B. THE OPERATOR SHOULD ENTER INFORMATION IN THE FOLLOWING AREAS

1. **ITINERARY:** Complete **ALL DATE, TIME AND LOCATION BLOCKS**. Fill in mileage or trailering costs, as authorized. Complete additional Continuation Sheet(s), CG-5132-1 (Rev. 1-97), if any, to be reimbursed for multi-patrol orders.

2. **LIST NAME AND MEMBER # OF ALL PERSONNEL ON BOARD:** Enter the name and member # (as appropriate) for **REQUIRED** crew plus all trainees and passengers authorized to be on board, but **DO NOT** list the operator.

3. **REIMBURSABLE EXPENSES:** **FINCEN will compute meal reimbursements based on current BAS rates:** Mark boxes of items received in kind (those furnished by the Coast Guard or sometimes from a Coast Guard authorized vendor). If item, other than meals, was not received in kind, mark NO and enter total dollar amount. However, do not enter anything in Total Crew/Trainees/Passengers Breakfast, Lunch or Dinner boxes, except a mark to indicate it was received. "Reimbursable" orders must be returned even if no reimbursement is desired or the patrol was not accomplished. If no reimbursement is desired, or necessary because patrol was not accomplished, mark the orders as such and return to order issuing authority.

SHORT-TERM RESIDENT TRAINING REQUEST

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5223 Rev. 6-84) ANSC# 7059		SHORT-TERM RESIDENT TRAINING REQUEST <i>(Information on this form are Privacy Act Protected. 5 USC 552(a))</i>				1. DATE			
						2. REQUEST STATUS <i>(Check one)</i>			
						A. INITIAL		C. CORRECTED	
3. SERVICE NUMBER		4. NAME <i>(Last, initials)</i>		5. RANK/RATE		6. ROTATION DATE <i>(Estimate)</i>			
						YEAR MONTH			
7. COURSE TITLE/NUMBER		8. UNIT		9. OPFAC NUMBER		11. TELEPHONE NUMBER			
						AREA CODE NUMBER EXT			
12. TRAINING SOURCE/LOCATION		14. BILLING ADDRESS <i>(When applicable)</i>		15. PRIORITY <i>(Code)</i>		16. COURSE DURATION			
13. TUITION AND FEES <i>(When applicable)</i>				WEEKS DAYS					
17. COURSE CONVENING PREFERENCE									
A. FIRST CHOICE			B. SECOND CHOICE			C. THIRD CHOICE			
YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH DAY		
18. QUALIFICATION CODES OF APPLICANT			19. MEETS COURSE PREREQUISITES <i>(e.g. Prior courses/rate)</i> <i>(Check applicable box)</i>		20. EXPIRATION OF ENLISTMENT DATE				
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A						
21. TRAINING NEEDS ANALYSIS									
A. NO. PERSONNEL UNIT REQUIRED TRAINED IN COURSE		B. NO. PERSONNEL WITH TRAINING O/B		C. NO. PERSONNEL "ORDERED IN" WITH TRAINING		D. NO. PERSONNEL "ORDERED OUT" WITH TRAINING			
22. SUPPORTING REMARKS AND COURSE DESCRIPTION <i>(Attach course literature; for commercial sources)</i>									
23. FIRST ENDORSEMENT FORWARDED		UNIT/ACTIVITY				DATE			
		A. <input type="checkbox"/> APPROVED				C. REMARKS			
		B. <input type="checkbox"/> DISAPPROVED <i>(Remarks required)</i>				D. TITLE E. SIGNATURE			
24. SECOND ENDORSEMENT FORWARDED		DIST/HQ UNIT				DATE			
		A. <input type="checkbox"/> APPROVED				C. REMARKS			
		B. <input type="checkbox"/> DISAPPROVED <i>(Remarks required)</i>				D. TITLE E. SIGNATURE			
25. QUOTA STATUS <i>(Action office use only)</i>									
A. QUOTA REQUIRED		B. QUOTA REQUESTED		C. QUOTA GRANTED		REASON NOT GRANTED			
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO					

PREVIOUS EDITION IS OBSOLETE

PART 1. ACTION COPY

SN 7630-01-GF2-9200

COURTESY MARINE EXAMINATION ACTION INFORMATION NOTIFICATION

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5232 (REV. 03-97)	COURTESY MARINE EXAMINATION ACTION INFORMATION NOTIFICATION <i>(Please Print)</i>		
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> PROBLEM: <input type="checkbox"/> Difficulty in performing CME as specified. <input type="checkbox"/> Misunderstanding of individual requirement. <input type="checkbox"/> Condition not covered in VE Manual COMDTINST M16796.2 SERIES <input type="checkbox"/> OTHER (specify) _____ </td> <td style="width: 50%; vertical-align: top;"> PROBLEM: <input type="checkbox"/> Federal Requirements <input type="checkbox"/> Auxiliary Requirements <input type="checkbox"/> State/Local Requirements <input type="checkbox"/> Other (specify) _____ </td> </tr> </table> <p>QUESTION: Give as much detail as possible - If a boat - What is the HIN Number? _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>COMMENTS / RECOMMENDATIONS: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;"><i>(Please Print)</i></p> <p style="text-align: right;">NAME _____</p> <p style="text-align: right;">ADDRESS _____</p> <p style="text-align: right;">CITY, STATE, ZIP _____</p> <p style="text-align: right;">MEMBER NO. </p>		PROBLEM: <input type="checkbox"/> Difficulty in performing CME as specified. <input type="checkbox"/> Misunderstanding of individual requirement. <input type="checkbox"/> Condition not covered in VE Manual COMDTINST M16796.2 SERIES <input type="checkbox"/> OTHER (specify) _____	PROBLEM: <input type="checkbox"/> Federal Requirements <input type="checkbox"/> Auxiliary Requirements <input type="checkbox"/> State/Local Requirements <input type="checkbox"/> Other (specify) _____
PROBLEM: <input type="checkbox"/> Difficulty in performing CME as specified. <input type="checkbox"/> Misunderstanding of individual requirement. <input type="checkbox"/> Condition not covered in VE Manual COMDTINST M16796.2 SERIES <input type="checkbox"/> OTHER (specify) _____	PROBLEM: <input type="checkbox"/> Federal Requirements <input type="checkbox"/> Auxiliary Requirements <input type="checkbox"/> State/Local Requirements <input type="checkbox"/> Other (specify) _____		

PRIVACY ACT STATEMENT

IN ACCORDANCE WITH 5 USC 552a (e) (3), THE FOLLOWING INFORMATION IS PROVIDED TO YOU WHEN SUPPLYING PERSONAL INFORMATION TO THE U.S. COAST GUARD.

1. AUTHORITY WHICH AUTHORIZED THE SOLICITATION OF THE INFORMATION: 14 USC SECTION 821, 822, AND 826.
2. PRINCIPAL PURPOSE(S) FOR WHICH INFORMATION IS INTENDED TO BE USED: TO ADDRESS REPLY TO CME ACTION INFORMATION NOTIFICATION.
3. THE ROUTINE USES WHICH MAY BE MADE OF THIS INFORMATION: SAME AS ABOVE
4. WHETHER OR NOT DISCLOSURE OF SUCH INFORMATION IS MANDATORY OR VOLUNTARY (REQUIRED BY LAW OR OPTIONAL) AND THE EFFECT ON THE INDIVIDUAL, IF ANY, OF NOT PROVIDING ALL OR ANY PART OF THE REQUEST INFORMATION: DISCLOSURE OF THE INFORMATION IS VOLUNTARY. BUT NON DISCLOSURE COULD RESULT IN A SLOWER REPLY TO THE CME ACTION INFORMATION NOTIFICATION FORM.

AIDS TO NAVIGATION REPORT

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5474 (AUX) (Rev. 5-95)	AIDS TO NAVIGATION REPORT	INDICATE <input type="checkbox"/> VERIFICATION <input type="checkbox"/> DISCREPANCY
SECTION I OBSERVER'S IDENTIFICATION DATA		
MEMBER NUMBER	LAST NAME	FIRST NAME AND INITIAL
<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
OBSERVER'S MAILING ADDRESS		
NUMBER AND STREET	CITY	STATE ZIP CODE TELEPHONE NUMBER
SECTION II COAST GUARD NOTIFICATION		
COAST GUARD UNIT NOTIFIED	DATE OBSERVED	DATE REPORTED METHOD OF REPORTING
	M M D D Y Y M M D D Y Y	<input type="checkbox"/> RADIO <input type="checkbox"/> TELEPHONE <input type="checkbox"/> MAIL TIME REPORTED _____
SECTION III DESCRIPTION OF DISCREPANCY		
OWNERSHIP: <input checked="" type="checkbox"/> COAST GUARD <input type="checkbox"/> STATE <input type="checkbox"/> PRIVATE <input type="checkbox"/> OTHER		
POSITION AID NAME _____ LLNR _____ MILE MARKER _____ LATITUDE _____ LONGITUDE _____ CHART NO. _____ OTHER _____		
TYPE OF AID <input checked="" type="checkbox"/> BUOY <input checked="" type="checkbox"/> STRUCTURE <input type="checkbox"/> LIGHTED <input type="checkbox"/> SOUND <input type="checkbox"/> ELECTRONIC		
STRUCTURES <input checked="" type="checkbox"/> WOOD <input type="checkbox"/> METAL <input type="checkbox"/> OTHER _____		SOUND SIGNALS: <input type="checkbox"/> BELL <input type="checkbox"/> GOING
LIGHT COLOR <input checked="" type="checkbox"/> RED <input type="checkbox"/> GREEN <input type="checkbox"/> WHITE <input type="checkbox"/> YELLOW		<input type="checkbox"/> HORN <input type="checkbox"/> WHISTLE
COMMON DISCREPANCIES (*COMMENTS REQUIRED)		
<input type="checkbox"/> VANDALIZED* <input type="checkbox"/> DAMAGED BY COLLISION <input type="checkbox"/> RETROREFLECTIVE MATERIAL <input type="checkbox"/> IMPROPER CHARACTERISTICS <input type="checkbox"/> OBSCURED <input type="checkbox"/> PEELING <input type="checkbox"/> MISSING* <input type="checkbox"/> DAMAGED <input type="checkbox"/> MISSING <input type="checkbox"/> BIRD NEST <input type="checkbox"/> FADED <input type="checkbox"/> INADEQUATE <input type="checkbox"/> EXCESSIVE BIRD FOULING <input type="checkbox"/> PEELING PAINT <input type="checkbox"/> MILE MARKER <input type="checkbox"/> BATTERY BOX* <input type="checkbox"/> MISSING VENT VALVE <input type="checkbox"/> MISSING <input type="checkbox"/> OBLITERATED NUMBER <input type="checkbox"/> DAYMARK DELAMINATED <input type="checkbox"/> DAMAGED <input type="checkbox"/> EXCESSIVE DETERIORATION <input type="checkbox"/> ROTTING WOOD STRUCTURES <input type="checkbox"/> LEANING MORE THAN 15°		
LIGHTED AID: <input checked="" type="checkbox"/> LANTERN DAMAGED <input type="checkbox"/> EXTINGUISHED <input type="checkbox"/> LIGHT DIM/REDUCED INTENSITY <input type="checkbox"/> TIMING ERROR <input checked="" type="checkbox"/> OPERATING CONTINUOUSLY <input type="checkbox"/> OTHER _____		
BUOY: <input checked="" type="checkbox"/> SINKING <input type="checkbox"/> SUBMERGED <input type="checkbox"/> OFF STATION* <input type="checkbox"/> NUMBER OBSCURED <input type="checkbox"/> NUMBER OBLITERATED <input checked="" type="checkbox"/> ADRIFT <input type="checkbox"/> CAPSIZED <input type="checkbox"/> STRANDED <input type="checkbox"/> TAPPER MISSING <input type="checkbox"/> BELL MISSING <input checked="" type="checkbox"/> GONG MISSING <input type="checkbox"/> WHISTLE MISSING <input type="checkbox"/> OTHER _____		
COMMENTS.		
*HOW WAS OFF STATION DETERMINATION MADE? (i.e., HORIZONTAL SEXTANT ANGLES, COMPASS BEARINGS, RANGE FINDER, RADAR, LORAN, OR SEAMAN'S EYE?)		
SIGNATURE OF OBSERVER		DATE

USCG AUX. - NOS COOPERATIVE CHART UPDATING PROGRAM

ANSI Z39.48-1968

NOS COPY 1

2ND OBSERVER'S IDENTIFICATION DATA

2ND OBSERVER'S IDENTIFICATION DATA																																		
MEMBER										LAST NAME										FIRST NAME AND INITIAL														
NUMBER AND STREET										CITY										STATE					ZIP CODE					TELEPHONE NUMBER				
SHARE OF CREDITS EQUAL %																																		
3RD OBSERVER'S IDENTIFICATION DATA																																		
MEMBER										LAST NAME										FIRST NAME AND INITIAL														
NUMBER AND STREET										CITY										STATE					ZIP CODE					TELEPHONE NUMBER				
SHARE OF CREDITS EQUAL %																																		
4TH OBSERVER'S IDENTIFICATION DATA																																		
MEMBER										LAST NAME										FIRST NAME AND INITIAL														
NUMBER AND STREET										CITY										STATE					ZIP CODE					TELEPHONE NUMBER				
SHARE OF CREDITS EQUAL %																																		
5TH OBSERVER'S IDENTIFICATION DATA																																		
MEMBER										LAST NAME										FIRST NAME AND INITIAL														
NUMBER AND STREET										CITY										STATE					ZIP CODE					TELEPHONE NUMBER				
SHARE OF CREDITS EQUAL %																																		
6TH OBSERVER'S IDENTIFICATION DATA																																		
MEMBER										LAST NAME										FIRST NAME AND INITIAL														
NUMBER AND STREET										CITY										STATE					ZIP CODE					TELEPHONE NUMBER				
SHARE OF CREDITS EQUAL %																																		

INSTRUCTIONS FOR PREPARATION AND SUBMITTAL OF NOAA FORM 77-5

FOR USCGAUX/NOS COOPERATIVE CHARTING PROGRAM

1. **PROCEDURES:** The reporting Auxiliarist should upon discovering a discrepancy or change, complete this form as soon as possible. Only ball- point pen or typewriter can be used. ALL FOUR COPIES should be forwarded to the FSO-AN. The FSO-AN should immediately review the form, correct any obvious mistakes, retain COPY 4 and forward the remaining pages to the DSO- AN. The DSO-AN should retain COPY 3 and forward the remaining pages to the National Ocean Service (NOS). Chart updating accomplishments will be reported into AUXMIS by NOS on a monthly basis.
2. **ADDITIONAL OBSERVERS:** If more than one Auxiliarist is to receive credit for this report, enter the requested information on the BACK OF NOS COPY. Be sure to indicate the percentage of credit to be awarded to each member.
3. **ACKNOWLEDGEMENT:** To obtain an acknowledgement from NOS that this report has been received, enter your complete name and address in the appropriate place on the BACK OF COPY 2 and return it to you. (If you DO NOT want an acknowledgement, retain copy 2 for your records.)
4. **SMALL-CRAFT FACILITY REPORTS:** Use this form to submit Small-Craft Facility Reports. This form will replace NOAA form 77-3. (NOAA form 77-3 can be used until the supply is exhausted.)
5. **SUPPORTING INFORMATION:** Any supporting documentation you can supply to verify your report should be submitted along with this form and will result in additional credit for you. Such documentation could include photographs, newspaper articles, Corps of Engineers surveys, engineering drawings, etc. If you send a sections from a section from the current edition of the affected chart with the correction noted, a replacement chart will be returned to you free of charge.

SUGGESTED ITEMS TO REPORT*

1. **SUBMERGED OBJECTS:** Report uncharted rocks, submerged obstructions, unmarked or shifted shoals, wrecks, underwater cables and pipelines. Report even the simple fact that you know or think there has been a change.
2. **OBSTRUCTIONS:** Report pilings, weirs, overhead cables, piers, new or misrepresented bridges. Include a sketch if you cannot explain it properly. When reporting the nonexistence of an obstruction, state when and by whom it was removed, if known.
3. **CHANNELS:** Report new channels and changes to existing channels by local interests. Include controlling depths, widths, and location of channel markers. (This information is usually obtainable from the party who contracted for the new dredging.) Try to obtain a copy of the "After Dredge" survey.
4. **LANDMARKS:** (Objects sufficiently prominent to be of help to the navigator.) Report tall, distinctive smokestacks, towers, spires, tanks. Also, you may report an isolated building on a hill or promontory, a distinctive clump of woods or outcropping of rock, an isolated strip of sandy beach or other easily distinguishable feature. Less prominent landmarks may be reported around small unbuoyed or poorly buoyed Harbors and anchorages. Include sketches if possible. It is equally important to report charted landmarks that no longer exist!
5. **MARINE FACILITIES:** Report new facilities not on current small-craft charts; also discontinued facilities that are on the charts. Report any glaring discrepancies in those facilities listed.
6. **AIDS TO NAVIGATION:** If you observe a discrepancy or problem with an aid to navigation, report this immediately to the nearest U.S. Coast Guard facility. Then, send a copy of your report to NOS, through your FSO-AN, to receive credit toward cooperative awards. Be sure to indicate on your report form that USCG was notified.
7. **ERRORS IN COAST PILOTS:** Report errors and inconsistencies in latest issues of NOS Coast Pilots. Critical changes will be published in Notice to Mariners.
*Consult "Shirt Pockets Guide" for detailed list.

HOW TO REPORT

1. **REPORTING DEPTHS:** Use the most accurate means available to you (Lead Line, setting pole, depth sounder). Always include the exact time and date of the sounding so that it can be corrected for lake stage, tide level, effect of current, etc. Do not try to correct it yourself. When using a depth sounder, be sure to make proper allowance for the distance between the transducer and the water line. State on the report that you have done this. Report the fact that object may be visible at low water but submerged at high water.
2. **LOCATING AND REPORTING POSITIONS:** Accuracy in reporting positions is vital. Use the best method available to you. If you need help locating a position, check with your FSO-AN. When plotting positions based on bearings, state clearly whether they are True or Magnetic, allowing for deviation if Magnetic, or deviation and variation, if True. Locations determined by crossed bearings are good. Sextant bearings are best of all. A combination of bearings and distances (even if the distances are estimated) can be used. Always show your method of obtaining the position on your report.
3. **PLOTTING POSITIONS:** Plot your information on the largest scale chart of the area. Where possible, cut out the pertinent section of the chart letter sixe (8 1/2 x 11), or fold it accordingly. Include the chart number, edition, and correct date. Plot your changes clearly and accurately. Show all bearing lines and plotting information. Place explanatory notes or sketches in unused areas of the chart.

IMPORTANT REMINDER

UP-TO-DATE CHARTS: An up-to-date NOS chart is essential to safe navigation and chart updating activities. Be sure that you are using the latest edition of the chart and that you have applied the Local Notices to Mariners that were issued subsequent to the edition date of the chart.

BURDEN INFORMATION NOTE

Public reporting burden for this collection is estimated to average three hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, including suggestions for reducing this burden, to the National Ocean Service, N/CG22, 1315 East-West Highway, Rm 7340, Silver Spring, MD 20910-3282; and to the Office of Management and Budget, Paperwork Reduction Project (0648-0022), Washington, DC, 20503.

AUXILIARY UNIFORM ORDER FORM

USCG AUX.
ANSC-7051
(REV. 1-97)

AUXILIARY UNIFORM ORDER FORM

FORWARD ORIGINAL TO:

DATE _____

SUPPLIER

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

ALL PRICES SUBJECT TO CHANGE WITHOUT NOTICE

SHIP TO:

[illegible]

*ADDRESS

CITY	STATE	ZIP
------	-------	-----

* ADDRESS: DO NOT USE P.O. BOX. MATERIAL WILL BE SHIPPED VIA UPS

MEMBER'S AUX. NUMBER COMPLETE MEMBER'S SOCIAL SECURITY NO.

() () () () ()

PHONE NUMBER YOU MAY BE REACHED BETWEEN 0800-1900 DURING WEEK:

() _____

FAX NUMBER YOU MAY BE REACHED DURING DAY: () _____

STOCK NO.	SIZE	QTY	PRICE	TOTAL
			TOTAL	

ENCLOSED IS CHECK FOR \$ _____ PAYABLE TO

ENCLOSED IS MONEY ORDER FOR \$_____ PAYABLE TO_____

CHARGE TO: MASTERCARD CREDIT CARD NUMBER _____

EXPIRES: _____ **CARD HOLDER'S SIGNATURE** _____

UNIFORM DISTRIBUTION CENTER MEN'S UNIFORM SIZE SELECTION TABLES

MEN'S LIGHT BLUE LONG SLEEVE SHIRT SIZE SELECTION

NECK SIZE (INCHES)			SLEEVE LENGTH				
13-1/2	29	30	31	32	33		
14	29	30	31	32	33	34	35
14-1/2	29	30	31	32	33	34	35
15		30	31	32	33	34	35 36
15-1/2		30	31	32	33	34	35 36
16			31	32	33	34	35 36
16-1/2			31	32	33	34	35 36
17				32	33	34	35 36
17-1/2				32	33	34	35 36
18				32	33	34	35 36
18-1/2				32	33	34	35 36
20				32	33	34	35 36

MEN'S WORKING BLUE SHIRT SIZE SELECTION

SIZE	NECK SIZES (INCHES)	SLEEVE LENGTH (INCHES)
EXTRA SMALL	13 TO 13-1/2	31
SMALL	14 TO 14-1/2	32
MEDIUM	15 TO 15-1/2	33
LARGE	16 TO 16-1/2	34
EXTRA LARGE	17 TO 18-1/2	36

MEN'S LIGHT BLUE SHORT SLEEVE SHIRT SIZE SELECTION

NECK SIZE (INCHES)

13 THROUGH 20

MEN'S SERVICE DRESS BLUE COAT SIZE SELECTION

HEIGHT

SHORT (S) UP TO 5'6"	33 THROUGH 48
REGULAR (R) 5'7" - 5'10"	33 THROUGH 48
LONG (L) 5'11" - 6'1"	33 THROUGH 48
X LONG (XL) 6'2" - 6'5"	33 THROUGH 48

MEN'S TRENCHCOAT SIZE SELECTION

HEIGHT		CHEST SIZE						
SHORT (S)		34	36	38	40	42	44	46 48
REGULAR (R)	5'7" - 5'10"	34	36	38	40	42	44	46 48
LONG (L)	5'11" - 6'1"	34	36	38	40	42	44	46 48
X LONG (XL)	6'2" - 6'5"	34	36	38	40	42	44	46 49

MEN'S SERVICE DRESS BLUE TROUSERS SIZE SELECTION

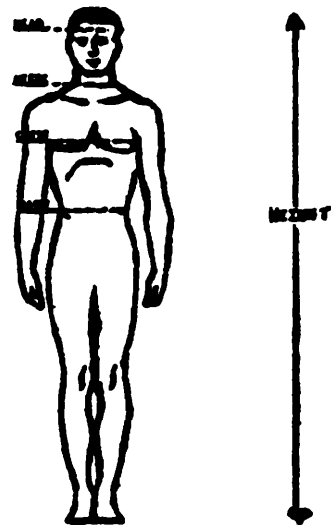
<u>HEIGHT</u>		<u>WAIST SIZE</u>
SHORT (S) UP TO 5'6"		27 THROUGH 42
REGULAR (R)	5'7" - 5'10"	27 THROUGH 50
LONG (L)	5'11" - 6'1"	27 THROUGH 50
X LONG (XL)	6'2" - 6'5"	27 THROUGH 42

MEN'S UNDRESS AND WORKING BLUE TROUSERS SIZE SELECTION

<u>HEIGHT</u>		
SHORT (S) UP TO 5'6"		28 THROUGH 42
REGULAR (R)	5'7" - 5'10"	28 THROUGH 50
LONG (L)	5'11" - 6'1"	28 THROUGH 50
X LONG (XL)	6'2" - 6'5"	28 THROUGH 42

HAT SIZES AND CIRCUMFERENCES

6	19"	6-7/8	21-5/8	7-3/4	24-1/4"
6-1/8	19-3/8"	7	22"	7-7/8	24-5/8"
6-1/4	19-3/4"	7-1/8	22-3/8"		
6-3/8	20-1/8"	7-1/4	22-3/4"		
6-1/2	20-1/2"	7-3/8	23-1/8"		
6-5/8	20-7/8"	7-1/2	23-1/2"		
6-3/4	21-1/4"	7-5/8	23-7/9"		



UNIFORM DISTRIBUTION CENTER WOMEN'S LIGHT BLUE SHORT AND LONG SLEEVE SHIRT SIZE SELECTION

NECK SIZE	BUST SIZE	SLEEVE LENGTH FOR	
		LONG SLEEVE SHIRT	
13	26 28 30	31	33
13-1/2	28 30 32	31	33
14	30 32 34	31	33
14-1/2	32 34 36	31	33
15	34 36 38	31	33
15-1/2	36 38 40	31	33
16	38 40 42	31	33
16-1/2	40 42 44	31	33

WOMEN'S WORKING BLUE SHIRT SIZE SELECTION

SIZE	NECK SIZE	SLEEVE LENGTH FOR	
		LONG SLEEVE SHIRT	
EXTRA SMALL	13-13-1/2	29	30
SMALL	14-14-1/2	30	31
MEDIUM	15-15-1/2	31	32
LARGE	16-16-1/2	32	33
EXTRA LARGE	17+	34	

WOMEN'S SERVICE DRESS BLUE SHIRT AND SLACKS SIZE SELECTION

SIZE	6	7	8	9	10	11	12	13
WAIST	23	23-1/2	24	24-1/2	25	25-1/2	26	26-3/4
HIP	34	34-1/2	35	35-1/2	36	36-1/2	37	37-3/4
SIZE	14	15	16	18	20	22		
WAIST	27-1/2	28-1/2	29	31	33	35		
HIP	38-1/2	39-1/2	40	42	44	46		

WOMEN'S UNDRRESS BLIRE SLACKS SIZE SELECTION

SIZE	6	8	10	12	14	16	18	20	22
WAIST	23	24	25	26	27-1/2	29	31	33	35
HIP	34	35	36	37	36-1/2	40	42	44	46

NOTE: SKIRTS AND SLACKS ARE ALSO SIZED BY HEIGHT. SHORT (S) UP TO 5'2" REGULAR (R) 5'3" TO 5'5", LONG (L) 5'6" TO 5'9". USE A SUFFIX "S", "R" OR "L" AS APPROPRIATE WITH THE SIZE NUMBER WHEN ORDERING.

WOMEN'S SERVICE DRESS COAT SIZE SELECTION

BUST	32	32-1/2	33	33-1/2	34	34-1/2	35
UP TO 5'2"	6S	7S	8S	9S	10S	11S	12S
5'3"-5'2"	6R	7R	8R	9R	10R	11R	12R
5'7"-5'9"	6L	7L	8L	9L	10L	11L	12L

WOMEN'S SERVICE DRESS COAT SIZE SELECTION CONTINUED:

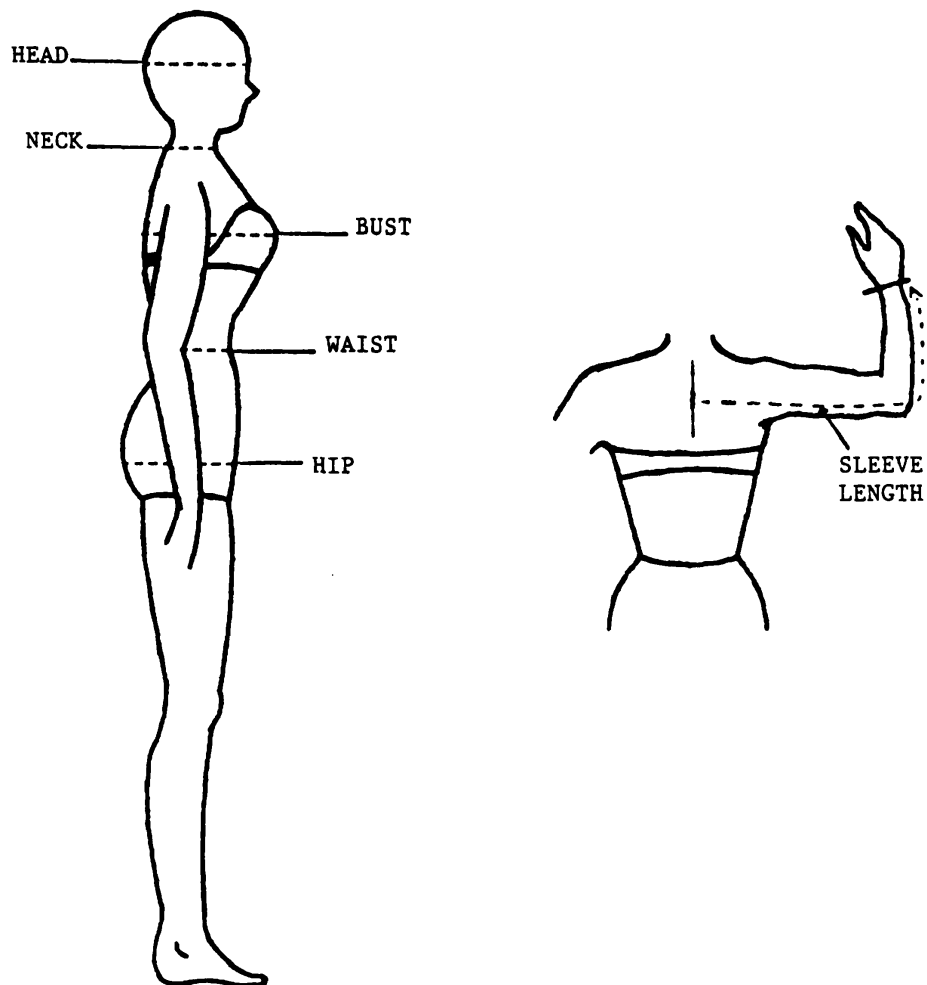
BUST	35-3/4	36-1/2	37-1/4	38	40	42	44
UP TO 5'2"	13S	14S	15S	16S	18S	20S	22S
5'3" TO 5'6"	13R	14R	15R	16R	18R	20R	22R
5'7" TO 5'9"	13L	14L	15L	16L	18L	18L	18L

WOMEN'S TRENCHCOAT SIZE SELECTION

BUST	32	33	34	35	36-1/2	38	40	42	44.
UP TO 5'2"	6S	8S	10S	12S	14S	16S	18S	20S	22S
5'3" TO 5'6"	6R	8R	10R	12R	14R	16R	18R	20R	22R
5'7" TO 5'9"	6L	8L	10L	12L	14L	16L	18L	20L	22L

HATS AND CAPS SIZES AND CIRCUMFERENCES

SIZE	CIRCUMFERENCE	SIZE	CIRCUMFERENCE
20	20"	22-1/2	22-1/2"
20-1/2	20-1/2"	23	23"
21	21"	23-1/2	23-1/2"
21-1/2	21-1/2"	24	24"
22	22"		



USCG AQX.
 ANSC-7055
 (REV. 1-97)
 PRICE LIST 1-01-97 THRU 12-31-97
 UNIFORM DISTRIBUTION CENTER
 U.S. COAST GUARD TRAINING CENTER
 CAPE MAY, NJ 08204
 1-800-874-6841
 COMDTINST M1020.6C
 F. IS FEMALE - M IS MALE
 PRICES SUBJECT TO CHANGE WITHOUT NOTICE

	MEN	WOMEN
ASCOT (WOMEN'S NECKTIE)		\$ 4.85
BELT, TRENCHCOAT	\$ 8.00	\$ 8.00
BUTTON, CG AUXILIARY CAP	\$ 1.91	\$ 2.50
BUTTON, CG AUXILIARY DRESS COAT - FRONT (36 LIGNE)	\$ 1.38	
BUTTON, CG AUXILIARY DRESS COAT - FRONT & BELT (28 LINGE)		\$ 1.11
BUTTON, CG AUXILIARY POCKET (24 LIGNE)	\$.90	\$.90
CAP, BALL TYPE UTILITY (WORKING BLUE) SMALL-MEDIUM-LARGE	\$ 6.25	\$ 6.25
CAP, COLD WEATHER SIZES: SM-MED-LG-XL-XXL	\$ 12.75	\$ 12.75
CAP, GARRISON (SERGE MALE SIZE 6-1/2 THRU 7-5/8 FEMALE 20 THRU 24)	\$ 7.20	\$ 1.56
CHIN STRAP, CG AUXILIARY	\$ 3.45	\$ 3.45
COAT, REEFER (SPECIAL PRICE) MALE 34-49 FEMALE 6 THRU 22 S-R-L	\$ 22.99	\$ 28.23
COAT, SERVICE DRESS BLUE - SERGE - EVEN SIZES M 34-58 F 6-22	\$108.00	\$109.85
COAT, SERVICE DRESS BLUE - SERGE - ODD SIZES M 33-57 F 9-15	\$ 54.00	\$ 54.93
COAT, TRENCHCOAT - M 34-48 S, R, L, XL & F 6-22 SIZES S, R, L	\$ 81.95	\$ 77.10
GLOVES, WHITE - (M SIZES: SM, MED, LG & F SIZES: 6-9)	\$ 10.55	\$ 4.30
GLOVES, BLACK (UNISEX) LEATHER	\$ 15.55	\$ 15.55
HANDBAG, BLACK NEW (ARMY, MC, NAVY, CG)		\$ 24.75
HAT, COMBINATION (SERVICE) W/2 CROWNS 20-24 INCL. 1/2 SIZES		\$ 51.50
JACKET, UTILITY (UNISEX) EVEN SIZES 32-50 SM, REG. LG, & XL	\$ 29.65	\$ 29.65
NECKTIE, STANDARD COAST GUARD BLUE - FOUR-IN-HAND	\$ 3.40	\$ 3.40
NECKTIE, TAB TIE, BLACK		\$ 5.45
SHIRT, LIGHT BLUE - S-SLEEVE W/EPARLETS - SIZES 13 THRU 20	\$ 10.90	
SHIRT, LIGHT BLUE - LONG SLEEVE, NO POCKETS, NO EPARLETS, FEMALE		\$ 19.55
SHIRT, LIGHT BLUE - SHORT SLEEVE, NO POCKETS, NO EPAULETS, FEMALE		\$ 17.30
SHIRT, LIGHT BLUE - LONG SLEEVE, POCKETS AND EPAULETS, MALE	\$ 11.30	
SHIRT, LIGHT BLUE - SHORT SLEEVE, POCKETS AND EPAULETS,	\$ 10.90	
SHIRT, CG BLUE-LONG SLEEVE, SM,M,L,XL,XXL & XXXL (UTILITY SHIRT)	\$ 18.80	\$ 13.90
SHIRT, CG BLUE-SHORT SLEEVE, SM,M,L,XL,XXL & XXXL (UTILITY SHIRT)	\$ 14.10	\$ 14.10
SHIRT, WHITE - SHORT SLEEVE, EVEN SIZES 6 THRU 22 SM, REG, LG		\$ 12.20
SHIRT, WHITE LONG SLEEVE NECK SIZE: 13 THRU 18	\$ 12.55	
SHOES, BOOT - BROWN LEATHER M7-13M & WIDE ONLY, F 5-10, M&W ONLY	\$ 43.00	\$ 38.50
SHOES, DRESS LEATHER, SIZE: 4 THRU 15, XN, N, R, W & XW (CORDOVAN)	\$ 28.65	
SHOES, DRESS OXFORD, SIZE: 4-1/2 - 11-1/2, AA, A, B, C, D & E		\$ 29.50
SHOES, PUMP, SIZE: 4-1/2 - 11 N, M & WIDE (CORDOVAN)		\$ 27.00
SHOES, SAFETY BOOT SIZE: 2 - 14 INCL. 1/2 XN, N, R, W & XW	\$ 54.45	\$ 54.45
SKIRT, SVC, SERVICE DRESS BLUE (SERGE) F EVEN SIZES 6-22 S, R, L		\$ 18.00
SKIRT, SVC, SERVICE DRESS BLUE (SERGE) F ODD SIZES 7-15 S, R, L		\$ 9.00
SLACKS, SVC, SERVICE DRESS BLUE (SERGE) F EVEN SIZES 6-22 S, R, L		\$ 28.60
SLACKS, SVC, SERVICE DRESS BLUE (SERGE) F ODD SIZES 7-15 S, R, L		\$ 14.30
SLACKS, UNDRESS BLUE (UTILITY) EVEN SIZES 6 - 22 S, R, L & XL		\$ 16.50
SOCKS, DRESS - BLACK - UNISEX, SM, MED & LG	\$.85	\$.85
SWEATER, WOOLEY PULLEY - EVEN SIZES 28-50	\$ 26.78	\$ 26.78
TROUSERS, SVC, DRESS BLUE (SERGE) 28 - 50 S, R, L, & XL	\$ 23.50	
TROUSERS, UTILITY - SIZES 28 THRU 50 S, R, L & XL	\$ 15.65	
WINDBREAKER, NEW STYLE W/LINER (AIR FORCE) 32-58 S, R, L & XL	\$ 69.25	\$ 69.25

NOTE: FOR THE BENEFIT OF THOSE WHO MAY NEED INFORMATION ON MATERNITY CLOTHES, WE DECIDED TO INCLUDE IT IN THIS AND FUTURE ISSUES.

	WOMEN
MATERNITY DRESS COAT	\$ 39.75
MATERNITY DRESS SKIRT	\$ 17.65
MATERNITY DRESS SLACKS	\$ 19.00
MATERNITY TOP, LONG SLEEVE	\$ 18.35
MATERNITY TOP, SHORT SLEEVE	\$ 16.25
MATERNITY TUNIC	\$ 22.15

DESCRIPTION: The basic uniform consists of a dress coat (or tunic) and skirt or trousers. It is made of a 100% polyester serge year-round fabric. The maternity long and short-sleeve Light Blue shirt are made of fabric similar in style and color to the regular, long and short sleeve shirts. The maternity uniform is available in the following sizes: Extra Small: 3-4 Small 5-6, Medium: 7-10, Large: 11-14, and Extra Large: 15-16.

FOOTNOTES

Ongoing price reduction action for inventory clearance of odd sized uniform garments, members are advised to contact the Uniform Distribution Center to confirm price and availability before ordering. 1-800-874-6841. Charge to Mastercard or Visa.

The Black Tab Tie is the replacement tie for the Black Bow Tie. Either black tie is authorized for use by the women. The Tab Tie is available from Uniform Distribution Center. Cost is \$ 5.45.

TO PLACE AN ORDER with Uniform Distribution Center, Phone: 1-800-874-6841 only on TUESDAY, WEDNESDAY AND THURSDAY, during the hours of 0900 to 1530 Eastern Time. Charge to Visa or Mastercard. When placing an orders, have ready your Social Security and complete Auxiliary numbers.

Follow-up on orders, call Customer Service: 1-609-898-6252 - 6253 - 6254. Give them your Social Security number. All orders are filed under your Social Security number.

PROBLEM WITH ORDER: Call Commodore William H. Dischert, PDOO and BC-MUL 1-609-522-1854. Shawcrest Trailer Park, 27 Bennett Road, Wildwood, NJ 08260. He will check the problem with Uniform Distribution Center and report back to you.

You may mail orders in but calling the order in is faster and you will know immediately if the garment you need is in stock.

Uniform Distribution Center is closed the last two weeks in September for computer maintenance and pricechanges. No phone orders will be taken during this time. Mail and fax orders received during this period will be processed the first business day of October. Fax number is 609-898-6807. The Uniform Distribution Center will be closed for inventory on March 27 & 28, the last week of December 1997 and the first week of January 1998. When ordering uniform clothing items by mail, keep photocopies of the order documents for reference until ordered items are received and found satisfactory.

SALLY L. OBERST, DVC-MU
14471 BANTRY LANE #8
CHESTERFIELD, MO 63017-8223
PHONE: 1-314-394-3339

GLORIA L. TOBIN, BC-MU
30 WAVERTON DRIVE
ST. LOUIS, MO 63124-3919
PHONE: 1-314-997-3919
FAX: (SAME AS ABOVE) ON FOURTH RING.